



Alcohol and Other Drug Catchment Plan

Bayside Peninsula Area

Analysis of factors driving support and demand for AOD services

2023



AlfredHealth



Contents

List of figures.....	4
List of tables	4
Executive summary	6
Acknowledgements	10
Plan objectives.....	11
Background.....	12
AOD area planning	12
Bayside Peninsula Area AOD Planning Governance	13
Priorities	14
Commonwealth priorities.....	14
National Alcohol Strategy 2019-2028	15
State government priorities.....	16
Royal Commission into Victoria’s Mental Health System	17
Balit Murrup social and emotional wellbeing framework.....	17
Local government priorities.....	18
AOD risk factors in the Bayside Peninsula Area.....	19
Demographics.....	19
Social factors	19
Unemployment.....	20
Minimum qualifications.....	20
Prevalence of mental health conditions.	21
Socio-Economic disadvantage 2016	22
AOD Service Usage	24
Bayside Peninsula Area - service usage data	24
Main providers.....	25
Service types.....	26
Comparison with other AOD Catchment Planning areas.....	27
AOD clients by home postcode.....	28
Location of clients	29
Clients and contacts by catchment and service. 2021	29
Primary drug of concern	31
AOD Service User Demographics.....	34
Medication Assisted Treatment for Opioid Dependence (MATOD)	38
Needle & Syringe Programs.....	40
Take home naloxone.....	40



AOD harms.....	41
Overdose deaths.....	41
Hospital admissions.....	43
Ambulance attendances	44
Hepatitis B and C treatment.....	46
Police incidents.....	47
Matching supply and demand – a comparison of social factors, AOD harms and service utilisation	49
Priority Action Areas and Objectives.....	52
Appendix.....	59
Priorities in local government health and wellbeing plans	59

List of figures

Figure 1. Balit Murrup - social and emotional wellbeing dimensions.....	18
Figure 2. Number of unemployed people in BPA, 2021.....	20
Figure 3. People aged 20-35 years without year 12 qualification.....	20
Figure 4. Number of people with a mental health condition.....	21
Figure 5. SEIFA Relative Disadvantage National Decile 2016.....	22
Figure 6. SEIFA Relative Disadvantage National Decile 2016, SA2.....	23
Figure 7. Service activity by calendar year.....	25
Figure 8. Closed episodes in Victorian catchments in 2021.....	27
Figure 9. Individual AOD service users.....	28
Figure 10. Primary drug of concern (Victoria) 2021.....	31
Figure 11. Primary drug of concern (BPA) 2021.....	31
Figure 12. PDOC by episode in BPA (alcohol excluded) 2021.....	32
Figure 13. PDOC with alcohol, cannabis and methamphetamine removed. BPA 2021.....	33
Figure 14. Age range of AOD service users. 2021.....	34
Figure 15. Number of Aboriginal people accessing AOD services. BPA.....	35
Figure 16. Country of birth not a 'main English speaking country'.....	36
Figure 17. Preferred language other than English.....	37
Figure 18. Forensic AOD service users.....	37
Figure 19. Distribution of Melbourne MATOD prescribers. 2019.....	38
Figure 20. BPA overdose deaths 2018-2021.....	41
Figure 21. Map of number of Melbourne metro overdose deaths by LGA in 2021.....	42
Figure 22. Heroin involved overdose deaths (2014-2018).....	42
Figure 23. Hospital admissions due to alcohol.....	43
Figure 24. Hospital admissions due to illicit drugs.....	43
Figure 25. Pharmaceutical drugs hospital admissions.....	43
Figure 26. BPA ambulance attendances by drugs involved. 2020/21.....	44
Figure 27. Number of alcohol or drug-related ambulance attendances. 2020/21.....	44
Figure 28. People aged 65+. Number of alcohol or drug related ambulance attendances. 2020/21.....	45
Figure 29. Percentage of people accessing care for hepatitis B.....	46
Figure 30. BPA total police incidents 2021/22.....	47

List of tables

Table 1. AOD service activity for the last 3 years.....	7
Table 2. Number, rate and rank of AOD service utilisation by LGA (smaller numbers means more service usage).....	7
Table 3. Social factors and AOD-related harms.....	8
Table 4. AOD episodes of care in BPA (per 100K people).....	8
Table 5. Proportion of total burden attributable to behavioural risk factors (2015).....	16
Table 6. LGA summary demographic data. 2021.....	19
Table 7. Unemployment rate.....	20
Table 8. Percentage of people aged 20-35 years without year 12 qualification or higher.....	20
Table 9. Percentage of people reported having a mental health condition.....	21
Table 10. SEIFA Relative Disadvantage National Decile 2016, SA2.....	23
Table 11. AOD service activity for the last 3 years.....	24

Table 12. Top 5 providers by closed episodes by calendar year (based on client address)	25
Table 13. Number of episodes by main service type and LGA. 2021.	26
Table 14. Top 15 suburbs with highest number of AOD clients. 2021.....	29
Table 15. Top 30 service providers by number of contacts in BPA, 2021	29
Table 16. PDOC by LGA. 2021.....	33
Table 17. AOD service user demographics. 2021	35
Table 18. Primary Needle and Syringe Program and Outreach overview.....	40
Table 19. Proportion of overdose deaths per 100K population	41
Table 20. Number of people accessing treatment for viral hepatitis	46
Table 21. Police incidents in 2021/22	47
Table 22. Police incidents by type 2021/22.....	48
Table 23. BPA drug offence by type.....	48
Table 24. Social factors, risks, harms and AOD service use ranked by LGA (smaller numbers indicate a bigger problem)	49

Executive summary

The Bayside Peninsula Area (BPA) Alcohol and Other Drug (AOD) Catchment Plan aggregates health, population and AOD service usage data to identify and understand the needs of people with AOD problems living in the catchment, particularly those facing significant disadvantage and marginalisation. The BPA contains the local government areas (LGA) of Frankston, Kingston, Bayside, Stonnington, Glen Eira and Port Phillip, and the Mornington Peninsula.

The BPA community has similar levels of disadvantage and access to AOD services as other parts of metro Melbourne, with particular areas of need in Frankston, Port Phillip and parts of Mornington Peninsula and Stonnington.

Predictors of AOD use include environmental and socioeconomic characteristics and individual biological factors. While individual biological factors can be difficult to use to identify trends, we have reliable information on the social determinants of health in our community and we have used this information to inform our planning.

Demographic and social factors

In the 2021 Census, the BPA had a population of 923,217 residents, which is 14% of Victoria's population.

The BPA has a lower proportion of Aboriginal people than the rest of Victoria (0.6% vs 1%). The largest BPA Aboriginal populations are in the Frankston and Mornington Peninsula LGAs (which have a higher prevalence than the state average). 217 Aboriginal people accessed AOD services in BPA in 2021, making up 5.1% of service users. This proportion of AOD service users is nine times higher than the proportion of people identifying as Aboriginal and Torres Strait Islander in the community.

People who were born in a country that 'is not a main English speaking country' varied between 12% (Mornington Peninsula) and 31% (Glen Eira). However, in the BPA only 7% of AOD service users had a country of birth that was 'not a main English speaking country', which is approximately 30% of the expected cohort.

The proportion of people aged 20-35 years old without a year 12 qualification is 2-3 times higher in Frankston and the Mornington Peninsula compared with other LGAs in the BPA.

At the 2021 Census, 9% of people in the BPA report they 'have been told by a doctor or nurse that they have a mental health condition (including depression or anxiety)'. The highest prevalence of people with mental health conditions for BPA was in Bayside (12%).

AOD harms

The most specific measures of AOD harms at the LGA level are ambulance attendances for AOD use, overdose deaths and police incidents. In 2021, some of metro Melbourne's highest rates for these harms were recorded in Frankston, Mornington Peninsula, Port Phillip and Stonnington. Surprisingly, Bayside had the 5th highest rate of overdose deaths in metro Melbourne (15) but had otherwise low levels of harm.

AOD service utilisation

The majority of AOD support in BPA is provided by state-funded services, which record their activity in the Victorian Alcohol and Drug Collection (VADC).

Recent VADC service activity is presented in Table 1 below for the BPA from 2019 to 2021. In 2020, there was a reduction in the number of new clients, partially due to 154 days of 'stay at home' restrictions to reduce the spread of COVID-19. However, service contacts actually increased in this period, due to increased telehealth activity. There were 31 days of COVID-19 'stay at home days' in 2021 but these had less impact on service delivery due to established protocols. The AOD service activity trend is for an increase in contacts per client. This analysis aligns with the feedback provided by BPA AOD agencies that the complexity of clients is increasing, while referrals are not significantly increasing.

Table 1. AOD service activity for the last 3 years

Year	Number of individual clients	Number of closed episodes of care	Number of service contacts	Average contacts per client
2019	5617	13,508	40,342	7
2020	5220	13,470	53,339	10
2021	4623	12,027	45,419	10

Source: Victorian alcohol and drug collection (VADC) 2014-2021. State-funded AOD services. Client catchment Bayside Peninsula

Table 2 shows the BPA service utilisation per 10,000 people, ranked against all metro LGAs. Frankston and Port Phillip both have high rates of AOD service usage compared other Melbourne metro LGAs, with Frankston having the highest rate of service utilisation in metro Melbourne. High rates of service use are represented by lower numbers in table 2.

Table 2. Number, rate and rank of AOD service utilisation by LGA (smaller numbers means more service usage)

LGA	AOD episodes of care	AOD episodes of care per 10K people	AOD episodes of care per 10K people, ranked in metro LGAs
Bayside	847	84	24
Frankston	2972	213	1
Glen Eira	1232	83	26
Kingston	1557	98	22
M'ton P'sula	2262	134	16
Port Phillip	2002	196	4
Stonnington	1155	110	20

Top 10 Ranked metro LGAs for AOD service utilisation (most services)

Middle 10 Ranked metro LGAs for AOD service utilisation

Bottom 10 Ranked metro LGAs for AOD service utilisation (least services)

Matching supply and demand – a comparison of social factors, AOD harms and service utilisation

To determine whether there are areas of the catchment requiring additional access to services, six key risk and harm measures were converted into a crude rate based on population prevalence. The measures were ranked for each of the 30 metro LGAs (Table 3). The LGAs that ranked in the top 10 for each measure (more problems) are shaded red and the bottom 10 are shaded green.

The social factors and AOD-related harms can be used as a proxy for expected demand and the AOD service usage indicates whether supply correlates with the expected demand.

Table 3. Social factors and AOD-related harms

LGA	Unemployment	Without Year 12 qual	Mental Health Condition	Ambulance attendances (AOD) per 100K	Overdose deaths per 100K	Unique AOD clients per 100K
Bayside	4%	6%	7%	429	1.5	318
Frankston	5%	24%	12%	1140	0.9	846
Glen Eira	4%	6%	8%	443	0.9	327
Kingston	4%	11%	8%	587	0.5	417
M'ton P'sula	3%	23%	10%	828	0.8	526
Port Phillip	4%	8%	10%	1546	1.8	769
Stonnington	4%	5%	8%	1167	1.3	400

Top 10 Ranked metro LGAs for AOD service utilisation (most services)

Middle 10 Ranked metro LGAs for AOD service utilisation

Bottom 10 Ranked metro LGAs for AOD service utilisation (least services)

Source: Victorian alcohol and drug collection (VADC) 2014-2021. State-funded AOD services. Census of Population and Housing 2021.

Table 4. AOD episodes of care in BPA (per 100K people)

LGA	Counselling	Intake	Residential withdrawal
Bayside	106	106	27
Frankston	327	331	61
Glen Eira	102	103	19
Kingston	165	135	23
M'ton P'sula	183	242	35
Port Phillip	252	263	74
Stonnington	136	138	35

Top 10 Ranked metro LGAs for AOD service utilisation (most services)

Middle 10 Ranked metro LGAs for AOD service utilisation

Bottom 10 Ranked metro LGAs for AOD service utilisation (least services)

In general, the areas with higher risk factors and harms had higher AOD service utilisation. The AOD service usage presented in table 4 above, provides some reassurance that services are being provided in areas of most need. However, despite high levels of service, in Frankston and the Mornington Peninsula, overall demand is not currently being met, with four week waiting times for services being common throughout 2022. There is also a surprisingly low rate of residential withdrawal services provided to Frankston residents, possibly because the nearest centres are in Dandenong and St Kilda. Stonnington has a more heterogenous population, with overall high rates of Year 12 graduates but also high rates of harms. This aligns with Stonnington's AOD service utilisation, which is about average for Melbourne metro (ranked 19/30 for counselling).

Frankston also has the highest proportion of AOD service utilisation in metro Melbourne for intake and counselling. Similarly, Port Phillip has very high service utilisation across the service types, including the highest rate of residential withdrawal services.

Strategic Priorities

The following strategic priorities have been identified by the BPA AOD Steering Committee:

- Improve and integrate service access
- Enhance harm reduction responses amongst people who use drugs
- Support ongoing development of a skilled AOD workforce
- Monitor and evaluate activity
- Build partnerships

The actions identified to address these priorities are detailed at the end of the plan.

Acknowledgements

Peninsula Health has led the development of this plan, through its delivery of the BPA AOD Catchment Planning role and functions. The AOD Planning function is funded by the Department of Families, Fairness and Housing. Peninsula Health has been supported in this work through a collaborative effort by member organisations of the BPA AOD Planning Group and working groups. We acknowledge the contribution made by the partners responsible for the development and delivery of the BPA AOD plan, including:

State-funded AOD services

- Access Health (Salvation Army)
- ACSO/COATS
- Anglicare
- Central Bayside Community Health Service
- Ngwala Willumbong (ACCO)
- Peninsula Health AOD Program
- SHARC/APSU
- South City Clinic (Alfred Health)
- Star Health
- Taskforce Community Agency
- Thorne Harbour Health
- Windana
- YSAS

Commonwealth funded AOD services

- First Step

Funders

- Department of Health
- South Eastern Melbourne Primary Health Network

The Bayside Peninsula Area AOD planning partners work on the lands of the Kulin Nations and pay respects to Elders past, present and emerging.

More information

The most recent data and past reports can be found at:

[Bayside Peninsula Area Alcohol and other Drug Catchment Planning - Peninsula Health](#)

The BPA AOD Catchment Plan is coordinated by Nick Jones (nickjones@phcn.vic.gov.au)

Last updated 10/2/2023.

Plan objectives

This plan articulates the shared objectives of stakeholders both within the AOD service system and external to the AOD service system who also play a role responding to AOD in the Bayside Peninsula catchment. The objectives of the plan encompass work to be undertaken to strengthen secondary and tertiary prevention of AOD-related harms. In keeping with public health evidence on tackling complex health issues, the plan endeavours to incorporate a range of approaches so that action is being taken across the downstream and upstream spectrum.

The plan is guided by:

- Recognition and action on the social determinants of health and their interactions
- Human rights principles
- Continuum of need
- Consumer, family and carer engagement
- Collaboration across sectors and levels
- Best practice evidence

Background

AOD area planning

The purpose, scope and operational requirements of the AOD catchment-based planning function are outlined in the Victorian Department of Health [Alcohol and other drugs guidelines: Part 3 Quality, reporting and performance management \(April 2018\)](#).¹

The guidelines establish that catchment-based planning will be undertaken by a single provider on behalf of, and in partnership with relevant stakeholders. In the BPA catchment Peninsula Health undertake this function.

The primary purpose of the planning function is to assist AOD and other providers to develop a common plan to:

- identify critical service gaps and pressures, and strategies to improve responsiveness to people with AOD issues (particularly people facing disadvantage)
- improve cross-service coordination at the catchment level to achieve a more planned, joined-up approach to individual client need across housing, mental health, gambling, primary health, justice, education and employment
- support AOD service providers to efficiently participate in relevant service coordination and planning platforms managed by others such as Primary Health Networks, Primary Care Partnerships, public health services and local government

The objectives are to:

- gather and analyse relevant health and population data
- develop, implement and regularly review a catchment-based AOD plan
- engage with relevant agencies and planning structures to:
 - identify and develop shared strategies
 - address systemic barriers
 - deliver a more coordinated response across local and catchment level planning activities
 - build shared local understanding
- ensure planning is informed by client and family views
- engage with all AOD treatment services within the catchment, including Commonwealth funded, youth, adult and Aboriginal AOD services.

¹ Department of Health and Human Services (2018). [Alcohol and other drugs guidelines: Part 3 Quality, reporting and performance management](#). April 2018. (retrieved 21/9/20)

Bayside Peninsula Area AOD Planning Governance

The Bayside Peninsula Area AOD Planning Committee oversees and authorises the development of the area-wide plan, its goals and high-level priorities, it is supported by two working groups and a Catchment Planner.

Planning Committee

The Planning Committee is strategic in focus and responsible for ensuring plan progress, reporting and accountability. It facilitates and includes high-level buy-in and includes strategic advocacy within its remit. The planning committee establishes other area-based or issue-specific working groups required to deliver the shared area strategic plan. Membership of the planning committee is limited in size and scope and includes AOD lead agencies and other key stakeholders (such as DFFH and PHN) operating or delivering AOD services within the Bayside Mornington Peninsula catchment area.

Working groups

Working groups drive the operational delivery of the shared area-wide plan. Membership includes operational-level staff of AOD funded services within the local area and may also include wider relevant service providers such as local government, police, mental health, housing, family violence, health providers and others. Structured and accountable communication and reporting between area-based working groups and the leadership group is facilitated through designated Chairs and the Catchment Planner.

There are currently 2 working groups:

- Accessible and Integrated - the function of the working group is to share challenges about service access and work together on solutions
- Harm Reduction - the function of the working group is to guide collaboration, identify local trends and facilitate joint activities to deliver timely and locally appropriate harm reduction responses.

Bayside Peninsula Area AOD Catchment Planner

The Area Planner's role is to act as a partnership facilitator and enabler. The Area Planner supports communication and reporting across the governance structure, provides clarity about roles and responsibilities as defined in clear terms of reference, and provides secretariat support to enable functioning of area-wide governance and working groups.

Priorities

Commonwealth priorities

The National Drug Strategy 2017-2026²

The purpose of the National Drug Strategy is to provide a national framework which identifies priorities relating to alcohol, tobacco and other drugs, guides action by governments in partnership with service providers and the community, and outlines a commitment to harm minimisation through balanced adoption of effective demand, supply and harm reduction strategies.

Priority Actions

- Enhance access to evidence informed, effective and affordable treatment
- Develop and share data and research, measure performance and outcomes
- Develop new and innovative responses to prevent uptake, delay first use and reduce alcohol, tobacco and other drug problems
- Increase participatory processes
- Reduce adverse consequences
- Restrict and/or regulate Availability
- Improve national coordination

Priority Populations

- Aboriginal and Torres Strait Islander people
- People with mental health conditions
- Young people
- Older people
- People in contact with the criminal justice system
- Culturally and linguistically diverse populations
- People identifying as lesbian, gay, bisexual, transgender, and/or intersex

Priority Substances

- Methamphetamines and other stimulants
- Alcohol
- Tobacco
- Cannabis
- Non-medical use of pharmaceuticals
- Opioids
- New psychoactive substances

The BPA Plan is aligned with the National Drug Strategy priority populations and priority substances (other than tobacco). Of the priority actions, the BPA plan aligns with all of the priorities except:

- Develop new and innovative responses to prevent uptake, delay first use and reduce alcohol, tobacco and other drug problems
- Improve national coordination

² Department of Health and Aged Care. National Drug Strategy 2017-2026. Available at: <https://www.health.gov.au/sites/default/files/national-drug-strategy-2017-2026.pdf>

National Alcohol Strategy 2019-2028³

The aim of the National Alcohol Strategy is 'to prevent and minimise alcohol-related harms among individuals, family and communities'. The Strategy identifies four agreed national priority areas of focus for preventing and reducing alcohol-related harms in Australia:

- Improving community safety and amenity - working to better protect the health, safety and social wellbeing of those consuming alcohol and those around them
- Managing availability, price and promotion - reducing opportunities for availability, promotion and pricing contributing to risky alcohol consumption
- Supporting individuals to obtain help and systems to respond - facilitating access to appropriate treatment, information and support services
- Promoting healthier communities - improving the understanding and awareness of alcohol-related harms in the Australian community

The BPA AOD Plan is aligned with the third priority, 'Supporting individuals to obtain help and systems to respond - facilitating access to appropriate treatment, information and support services.'

South Eastern Melbourne Primary Health Network (SEMPHN)

SEMPHN commissions health and wellbeing services on behalf of the Commonwealth Government to improve local health care. Alcohol and Other drugs are one of the seven key priorities for the PHN. The others are mental health, Aboriginal and Torres Strait Islander health, population health, health workforce, digital health and aged care.

The SEMPHN catchment broadly covers the nine LGAs extending from City of Port Phillip in the north to Mornington Peninsula Shire in the south and Cardinia Shire in the East. SEMPHN currently fund the following AOD services in the BPA catchment:

- Alcohol and Drug Liaison Outreach Worker (ADLOW)
- ResetLife – intensive outpatient AOD treatment program

SEMPHN is also funded by the Department of Health to provide the Area 4 Pharmacotherapy Network, which aims to improve access to pharmacotherapy services in southern and eastern metropolitan Melbourne.

³ National Alcohol Strategy, 2019-2028, Commonwealth of Australia, Department of Health, 2019. Available at: <https://www.health.gov.au/resources/publications/national-alcohol-strategy-2019-2028>

State government priorities

The Victorian public health and wellbeing plan 2019–2023⁴ set 10 priorities for public health and wellbeing, placing attention on four focus areas where additional support and guidance will be provided and identifying three strategic actions to direct effort across each of the focus areas.

Although ‘Reducing harmful alcohol and drug use’ is a priority, it is not a focus area and is given less prominence in its activities. This lack of emphasis appears to have impacted Local Government Health and Wellbeing Plans which generally do not allocate significant resources to AOD issues.

The plan does acknowledge that alcohol and illicit drug use combined, contribute 7.2% of the total burden of disease, only surpassed by tobacco use and dietary risks (see table of risk factors below).

Table 5. Proportion of total burden attributable to behavioural risk factors (2015)⁵

Risk factor	Percentage
Tobacco use	9.3
Dietary risks	7.3
Alcohol use	4.5
Illicit drug use	2.7
Physical inactivity	2.5
Child abuse and neglect	2.2
Intimate partner violence	0.7
Unsafe sex	0.3

Public Health and Wellbeing Plan Priorities

- Tackling climate change and its impact on health
- Reducing injury
- Preventing all forms of violence
- Increasing healthy eating
- Decreasing the risk of drug-resistant infections in the community
- Increasing active living
- Improving mental wellbeing
- Improving sexual and reproductive health
- Reducing tobacco-related harm
- Reducing harmful alcohol and drug use

The objectives of the ‘Reducing harmful alcohol and drug use’ priority are:

- Increased capability in all service systems including mental health, housing, child protection and family violence to assist people with alcohol and other drug-related issues
- Better outcomes for those who access treatment, reducing harm (such as overdose, drug-related illness) and improving social outcomes (such as employment, stable housing and family reunification)
- Improved capability of primary care providers to assist people to manage alcohol and other drug-related issues before treatment is required or complexity develops
- Change risky drinking cultures and deliver environments that support low-risk drinking

⁴ [The Victorian public health and wellbeing plan 2019–2023](#)

⁵ AIHW 2019. Cited in [The Victorian public health and wellbeing plan 2019–2023](#)

The BPA Plan aligns with the first 2 objectives regarding increased capacity of non-AOD service systems and improving outcomes for clients.

Royal Commission into Victoria's Mental Health System

The Royal Commission reported on how the state's mental health system could most effectively prevent mental illness and deliver treatment, care and support to those living with mental illness, their families and carers. The final report was tabled in Parliament on 2nd March 2020. The Government has committed to addressing all 65 recommendations.

Proposed changes relevant to AOD services include:

- Establishing up to 60 Local Adult and Older Adult Mental Health and Wellbeing Services across Victoria. They will provide an easy way to get treatment and support for people aged 26 years and over who are experiencing mental health challenges – including people with co-occurring alcohol and drug addiction treatment and care needs. Frankston was in the first group of commissioned services and is already operating on a limited basis
- Establishing a state-wide service for people with mental illness and co-occurring substance use or addiction, expand addiction medicine specialist capacity to support those with the most complex needs, and to build workforce capability.
- Trials of integrated alcohol and other drug treatment through selected Adult Local, Adult Area and Youth Area Mental Health and Wellbeing Services. These trials will inform future implementation of integrated AOD treatment and support across Mental Health and Wellbeing Services
- Mental Health and Alcohol and Other Drug Facilities Renewal Fund to help acute and community-based facilities to deliver the best, recovery-oriented services for Victorians

Balit Murrup social and emotional wellbeing framework

Balit Murrup⁶ was developed as a Victorian Government framework with the shared knowledge and wisdom of leaders and experts from the Aboriginal Social and Emotional Reference Group. The reference group was made up of Aboriginal people with support from non-Aboriginal representatives from across local and state-wide Aboriginal community-controlled organisations, mental health services and government.

Balit Murrup's objective is to reduce the health gap attributed to suicide, mental illness and psychological distress between Aboriginal Victorians and the general population.

Aboriginal people using alcohol and other drugs are a priority group of the Balit Murrup Social and Emotional Wellbeing Framework.

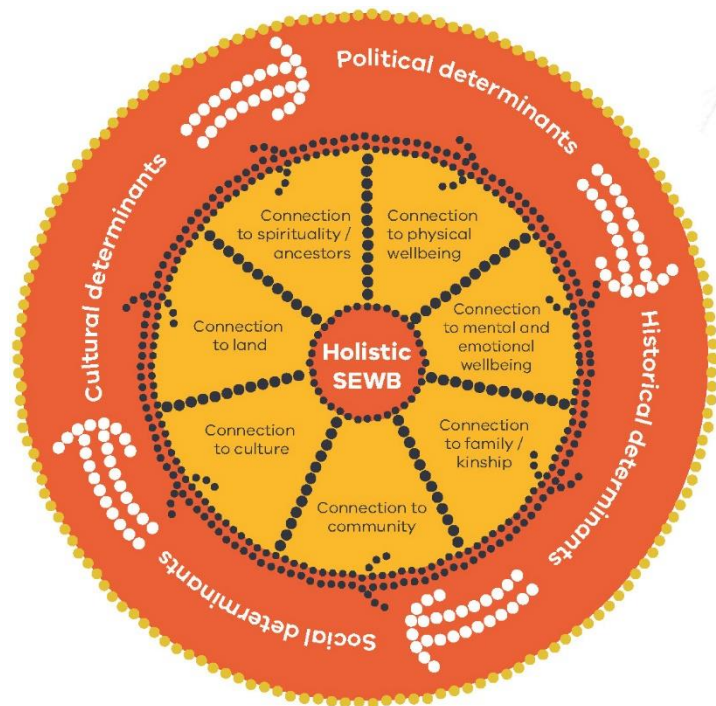
⁶ Department of Health. Balit Murrup: Aboriginal Social Emotional Wellbeing Framework 2017-2027. <https://www.health.vic.gov.au/publications/balit-murrup-aboriginal-social-emotional-wellbeing-framework-2017-2027>

Figure 1. Balit Murrup - social and emotional wellbeing dimensions

Figure 1 presents the dimensions of Aboriginal social and emotional wellbeing described in Balit Murrup⁷:

- connection to spirit, spirituality and ancestors
- connection to land
- connection to culture
- connection to community
- connection to family and kinship
- connection to mind and emotions
- connection to body

The outer ring shows the determining influence of social, political, historical and cultural factors on social and emotional wellbeing.



Local government priorities

Each Victorian council is required to prepare a municipal public health and wellbeing plan every 4 years. The plans of all BPA councils were reviewed for AOD objectives. The Catchment Planner also contacted all owners of the AOD priorities for each council and asked about AOD actions and activity. In addition, local government websites were reviewed for AOD support content.

We have noted that local governments have chiefly focussed on the last objective of the Victorian Public Health and Wellbeing Plan to 'change risky drinking cultures and deliver environments to support low-risk drinking'. In many cases, local government focus has been on reducing harm caused by AOD users, rather than the harm to users themselves.

Most local government websites also have very little information about support for people with AOD issues. At a minimum, we would expect each website should have contact details for the AOD intake service in each catchment. This information has been shared with all councils by the Catchment Planner.

A table of local government priorities appears in the appendix.

⁷ Artist: Tristian Schultz, RelativeCreative. Gee, Dudgeon, Schultz, Hart & Kelly, 2013 on behalf of the Australian Indigenous Psychologists Association

AOD risk factors in the Bayside Peninsula Area

Demographics

In the 2021 Census, the Bayside Peninsula Area had 923,217 residents, which is 14% of Victoria's population. BPA has a lower percentage of Aboriginal people than the rest of Victoria (0.6% vs 1%). The largest BPA Aboriginal populations are in the Frankston and Mornington Peninsula LGAs (which have higher prevalences than the state average). BPA also has a lower proportion of people who speak a language other than English at home, with the Mornington Peninsula having a rate of 5% compared to the Victorian rate of 33%.

Table 6. LGA summary demographic data. 2021

LGA	Population	Aboriginal or Torres Strait Islander	Language other than English at home
Bayside	101,306	0.3%	15%
Frankston	139,281	1.3%	11%
Glen Eira	148,908	0.3%	31%
Kingston	158,129	0.5%	26%
M'ton P'sula	168,948	1.0%	5%
Port Phillip	101,942	0.5%	21%
Stonnington	104,703	0.3%	22%
Total BPA	923,217	0.6%	22%
Total Victoria		1.0%	33%

Source: Census of Population and Housing 2021.

Social factors

Predictors of AOD use include environment, socioeconomic characteristics and individual biological factors. While individual biological factors can be difficult to use to identify trends, we have good information on the social determinants of health in our community and we can use this information to inform our planning.

The Australian Bureau of Statistics Socio-Economic Indexes for Areas (SEIFA) combine data on household income, education, employment, occupation and housing to reflect the average socioeconomic circumstances of people living within a particular area. SEIFA is useful to identify current areas of disadvantage that are likely to influence AOD use.

The most current SEIFA data available is from 2016 and updated SEIFA from the 2021 Census analysis won't be available until July 2023, so we have added individual proxies of disadvantage (unemployment, minimum qualifications).

Unemployment

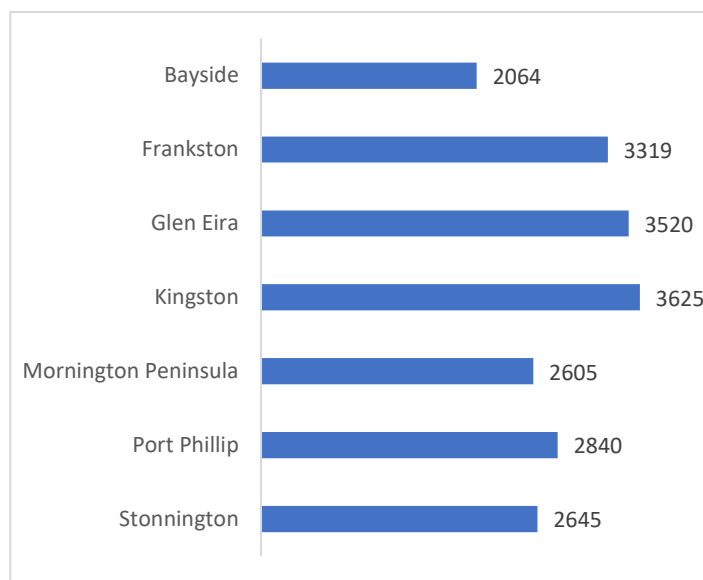
The unemployment rate is relatively similar across the catchment.

Table 7. Unemployment rate

LGA	Unemployment rate
Bayside	4%
Frankston	5%
Glen Eira	4%
Kingston	4%
M'ton P'sula	3%
Port Phillip	4%
Stonnington	4%
Overall	4%

Source: Census of Population and Housing 2021.

Figure 2. Number of unemployed people in BPA, 2021



Minimum qualifications

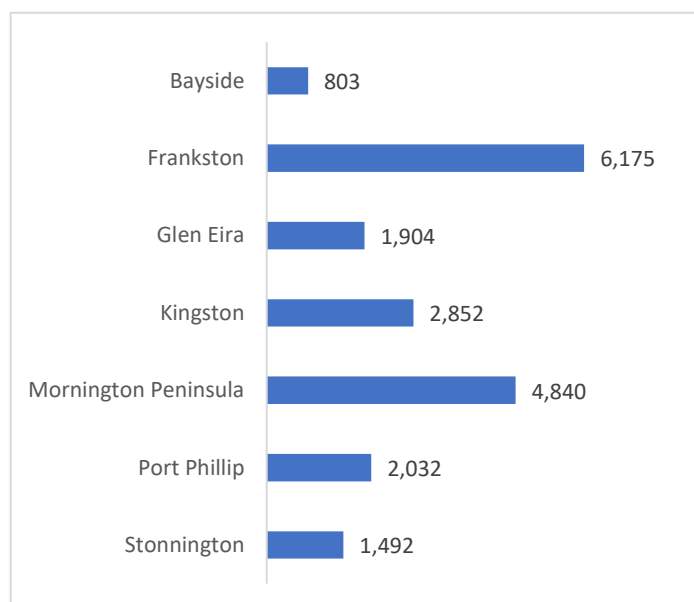
A year 12 qualification often represents the minimum required to obtain employment and is a precursor to future long term unemployment and poorer health outcomes. The proportion of people aged 20-35 years old without a year 12 qualification is 2-3 times higher in Frankston and the Mornington Peninsula compared with other LGAs in the BPA.

Table 8. Percentage of people aged 20-35 years without year 12 qualification or higher.

LGA	Percentage
Bayside	6%
Frankston	24%
Glen Eira	6%
Kingston	11%
M'ton P'sula	23%
Port Phillip	8%
Stonnington	5%
Overall	12%

Source: Census of Population and Housing 2021.

Figure 3. People aged 20-35 years without year 12 qualification



Prevalence of mental health conditions.

For the first time, the 2021 Census asked whether residents 'have been told by a doctor or nurse that they have a mental health condition (including depression or anxiety)'. The BPA area had an overall rate of 9%, with the highest rate in Bayside (11.6%).

Table 9. Percentage of people reported having a mental health condition.

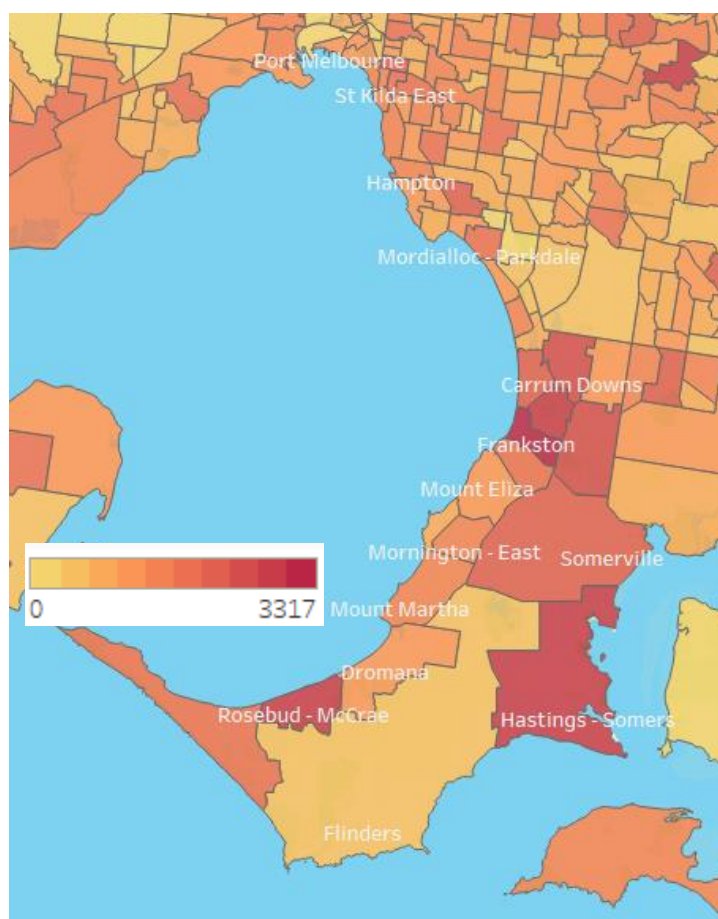
LGA	Percentage
Bayside	11.6%
Frankston	9.8%
Glen Eira	9.8%
Kingston	8.5%
M'ton P'sula	8.1%
Port Phillip	7.8%
Stonnington	7.0%
Total	9.0%

Source: Census of Population and Housing 2021.

Statistical Areas Level 2 (SA2) reflect functional areas that represent a community that interacts together socially and economically. They consider suburb and locality boundaries to improve the geographic coding of data to these areas and in major urban areas SA2s often reflect one or more related suburbs. SA2s have an average population of about 10,000 people. The map of SA2 areas in Figure 4 shows the highest number of people who reported mental health conditions were in Rosebud, Hastings and Frankston

These Census Mental Health numbers are low compared to previous estimates of mental illness that indicated that 43.7% of Australians aged 16–85 had experienced a mental disorder during their lifetime, with 21.4% experiencing a mental health disorder in the past 12 months. The ABS have stated that the results are an underestimation and therefore cannot be used for prevalence. However, the data is useful to identify areas with higher self-reported mental illness⁸.

Figure 4. Number of people with a mental health condition



Source: Census of Population and Housing 2021.

⁸ ABS (Australian Bureau of Statistics) (2008) National Survey of Mental Health and Wellbeing: summary of results, 2007. ABS, Australian Government, accessed 24 February 2022.

Socio-Economic disadvantage 2016

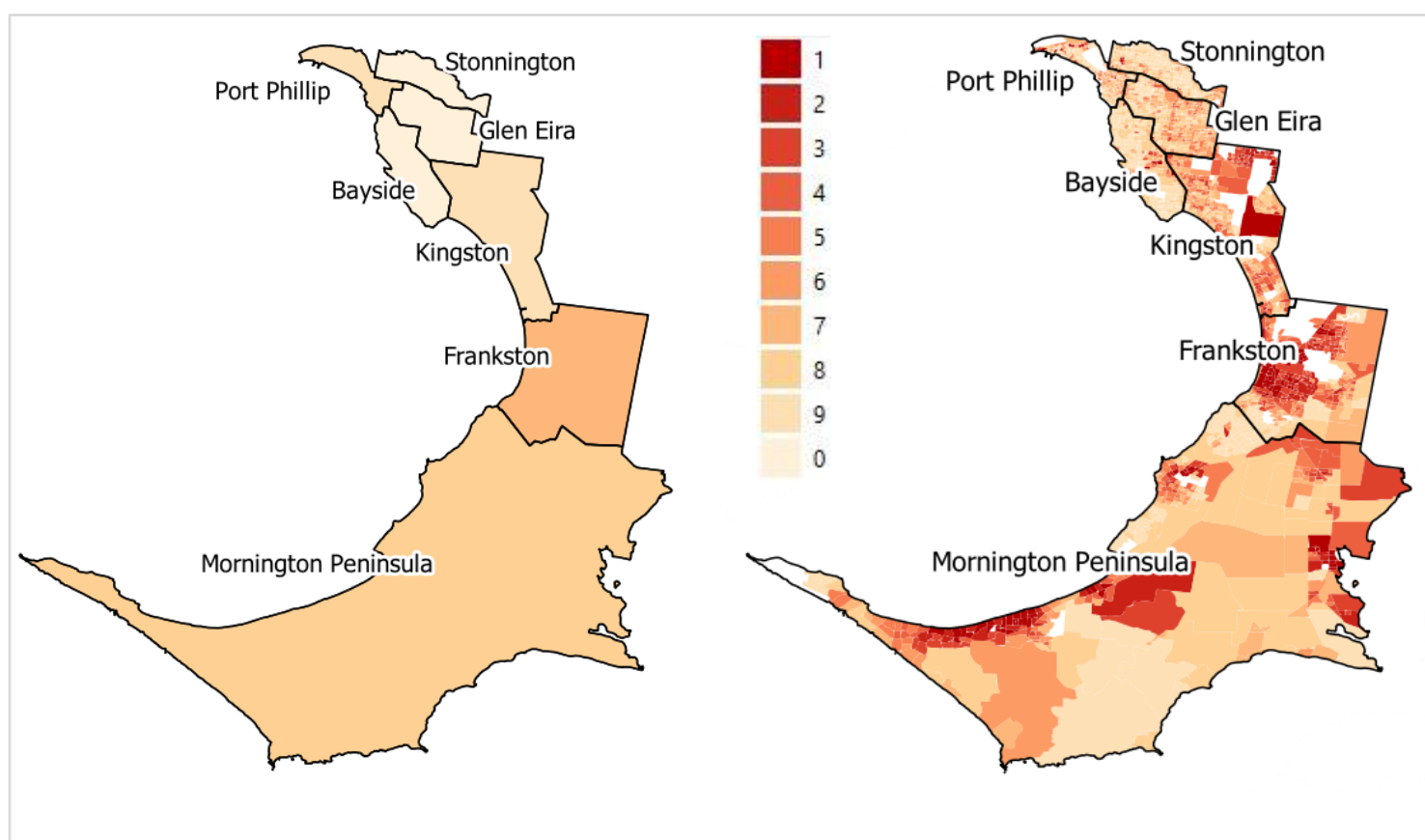
The Australian Bureau of Statistics Socio-Economic Indexes for Areas (SEIFA) combine data on household income, education, employment, occupation and housing to reflect the average socioeconomic circumstances of people living within a particular area. SEIFA is useful to identify current areas of disadvantage that are likely to influence AOD use.

SEIFA by LGA and SA1 2016

While much of the demographic and activity data that we have is based on LGA, areas of disadvantage tend to occur at a smaller level and are best viewed at the SA1 level, which includes only a few hundred households. Figure 5 below illustrates the issue when comparing SEIFA at LGA level. There appears to be only limited disadvantage in Port Phillip, Bayside and Stonnington when viewed at the LGA level (left image) but at the SA1 level (right image) the disadvantage in most main population centres is apparent.

Figure 5. SEIFA Relative Disadvantage National Decile 2016

The scale below displays the most significant disadvantage commencing at '1' and decreasing in severity ending in '0' which represents the least disadvantage.

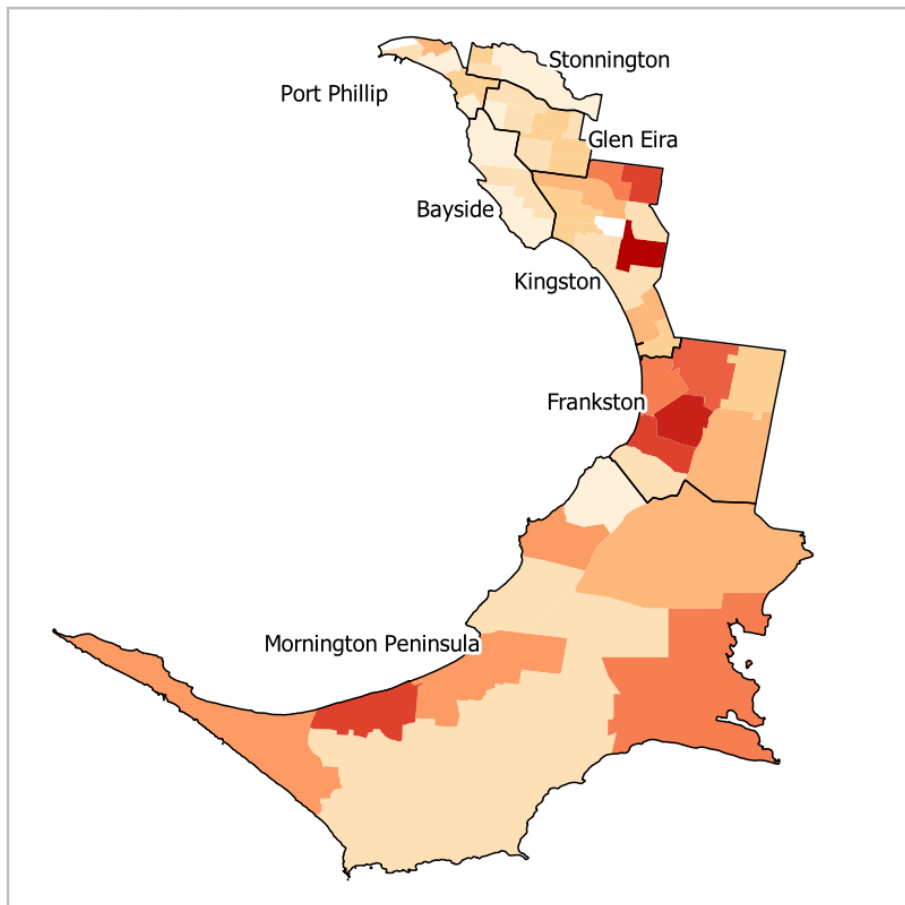


Source: ABS. Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2016.

SEIFA By SA2 2016

At the SA2 level (similar to suburbs), the areas in the worst 4 deciles for disadvantage are listed in the table below. Note Braeside SA2 area has the worst state rank but is a small industrial area with a population of 58 (this overlaps but does not completely include the suburb of Braeside).

Figure 6. SEIFA Relative Disadvantage National Decile 2016, SA2



Source: ABS. Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2016.

Table 10. SEIFA Relative Disadvantage National Decile 2016, SA2

2016 (SA2) Name	Usual Population	IRSD Score	Victorian Rank	Decile
Braeside	58	765	1	1
Frankston North	19,289	916	41	1
Clayton South	12,642	957	91	3
Rosebud - McCrae	20,943	962	96	3
Frankston	22,570	962	100	3
Carrum Downs	20,711	979	133	3
Hastings - Somers	22,016	992	165	4
Seaford	16,463	994	170	4

Source: ABS. Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2016.

AOD Service Usage

Bayside Peninsula Area - service usage data

The Victorian Alcohol and Drug Collection (VADC) is the data collection specification for all Department of Health Victoria funded AOD treatment providers. The VADC is a list of data elements that AOD treatment providers are required to report from their own client management systems to the Department.

AOD service data not included in the VADC data includes:

- PHN funded AOD services
- Pharmacotherapy services provided by general practice

The last full year of data provided by the Department of Health was for the 2021 calendar year. Table 11 below shows a decrease in the number of individual clients since 2019 but an increase in service contacts.

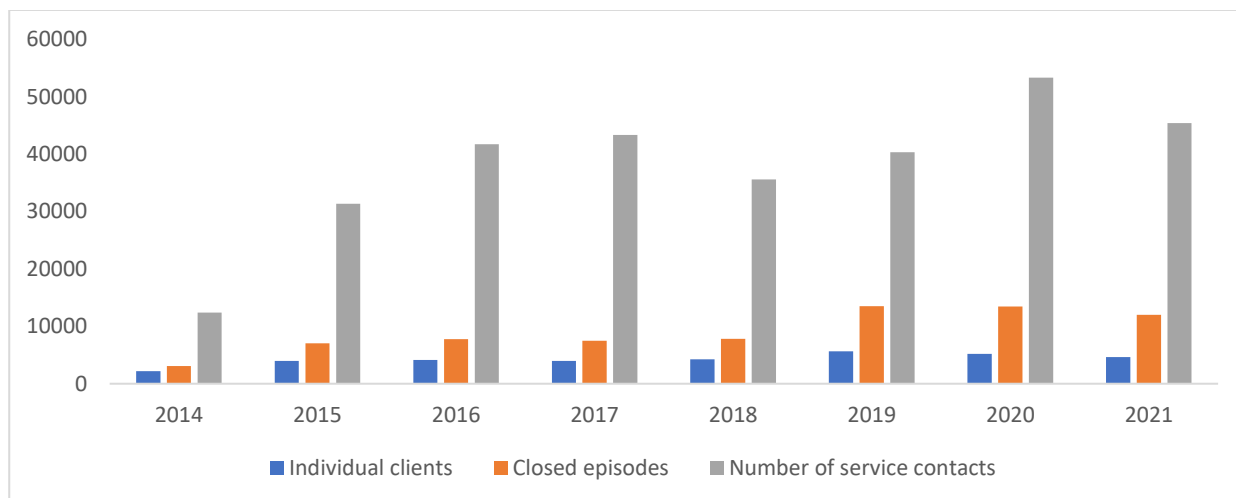
Table 11. AOD service activity for the last 3 years

Year	Number of individual clients	Number of closed episodes of care	Number of service contacts	Average number of contacts per client
2019	5617	13,508	40,342	7
2020	5220	13,470	53,339	10
2021	4623	12,027	45,419	10

Source: Victorian alcohol and drug collection (VADC) 2014-2021. State-funded AOD services. Client catchment Bayside Peninsula

The service activity is presented in figure 7 below for the BPA from 2014 to 2021. The activity trend is showing an increase in episodes per client and with more contacts per episode. This data aligns with the feedback provided by BPA AOD agencies that the complexity of clients is increasing, while referrals are not significantly increasing.

Figure 7. Service activity by calendar year



Source: Victorian alcohol and drug collection (VADC) 2018-2021. State-funded AOD services. Client catchment Bayside Peninsula

Main providers

The main AOD service providers continue to be BayAOD (previously Bayside Integrated Services Consortium) led by Star Health and Frankston and Mornington Drug and Alcohol Service (previously Stepping Up), led by Peninsula Health.

Table 12 below shows that counselling is overwhelmingly the most popular service type. All service types have decreased since 2020, except for intake, which is stable. Recent VADC service activity is presented in Table 12 below for the BPA from 2019 to 2021. In 2020, there was a reduction in the number of new clients partially due to 154 days of COVID lockdowns, however service contacts actually increased due to telehealth activity. There were 31 COVID lockdown days in 2021 but these had less impact on service delivery due to established protocols.

The AOD service activity trend is for an increase in contacts per client. This analysis aligns with the feedback provided by BPA AOD agencies that the complexity of clients is increasing, while referrals are not significantly increasing. The table lists some organisations that are based outside BPA because they are supporting people who live within BPA.

Table 12. Top 5 providers by closed episodes by calendar year (based on client address)

Number of contacts	2019	2020	2021
Bridging	1,454	3,257	1,773
Bayside Integrated Services Consortium		89	411
Eastern Consortium of Alcohol and Drug Services (ECADS) - Turning Point	31	128	253
Frankston and Mornington Drug and Alcohol Services (FamDAS)	94	537	768
Stepping Up Frankston and Peninsula	1,240	2,172	228
Australian Community Support Organisation Ltd (ACSO)	89	331	113
Comprehensive assessment	2,705	2,724	1,563
Bayside Alcohol and Drug Partnership	296	646	453
Bayside Integrated Services Consortium	485	436	540

Number of contacts	2019	2020	2021
Frankston and Mornington Drug and Alcohol Services (FamDAS)	357	305	257
Stepping Up Frankston and Peninsula	508	587	62
Australian Community Support Organisation Ltd (ACSO)	1,059	750	251
Counselling	16,973	20,721	15,294
Bayside Alcohol and Drug Partnership	3,431	4,326	4,339
Bayside Integrated Services Consortium	6,155	6,237	6,137
Frankston and Mornington Drug and Alcohol Services (FamDAS)	1,770	1,996	2,234
Stepping Up Frankston and Peninsula	5,225	7,134	1,405
Caraniche	392	1,028	1,179
Intake	1,127	1,696	1,777
Bayside Integrated Services Consortium	909	767	800
Eastern Consortium of Alcohol and Drug Services (ECADS) - Turning Point	9	36	20
Frankston and Mornington Drug and Alcohol Services (FamDAS)	105	779	921
TaskForce	78	85	9
Uniting Regen-Led North West Metro Consortium	26	29	27
Outreach	3,215	5,590	4,684
TaskForce	1,142	3,435	2,475
Odyssey House Victoria	292	685	153
Eastern Drug and Alcohol Service (EDAS)	13	90	111
Peninsula Health	249	303	251
Youth Support and Advocacy Service (YSAS)	1,519	1,077	1,694

Source: Victorian alcohol and drug collection (VADC) 2018-2021.

Service types

Table 13. Number of episodes by main service type and LGA. 2021.

Service type	Bayside	Frankston	Glen Eira	Kingston	M'ton P'sula	Port Phillip	S'tonn	Total
Counselling	135	531	197	297	352	335	195	2,042
Intake	112	492	159	234	432	289	152	1,870
Comprehensive assessment	118	387	166	240	302	274	163	1,650
Bridging	70	533	128	161	442	171	124	1,629
Pre-admission client engagement	75	202	69	133	145	207	86	917
Care & recovery coordination	68	168	72	75	125	180	105	793
Outreach	77	207	100	109	105	73	44	715
Non-residential withdrawal	47	129	84	93	119	129	74	675
Residential withdrawal	52	177	64	66	120	130	66	675
Brief intervention	60	72	90	83	57	107	62	531
Other	7	3	48	17	2	17	32	126

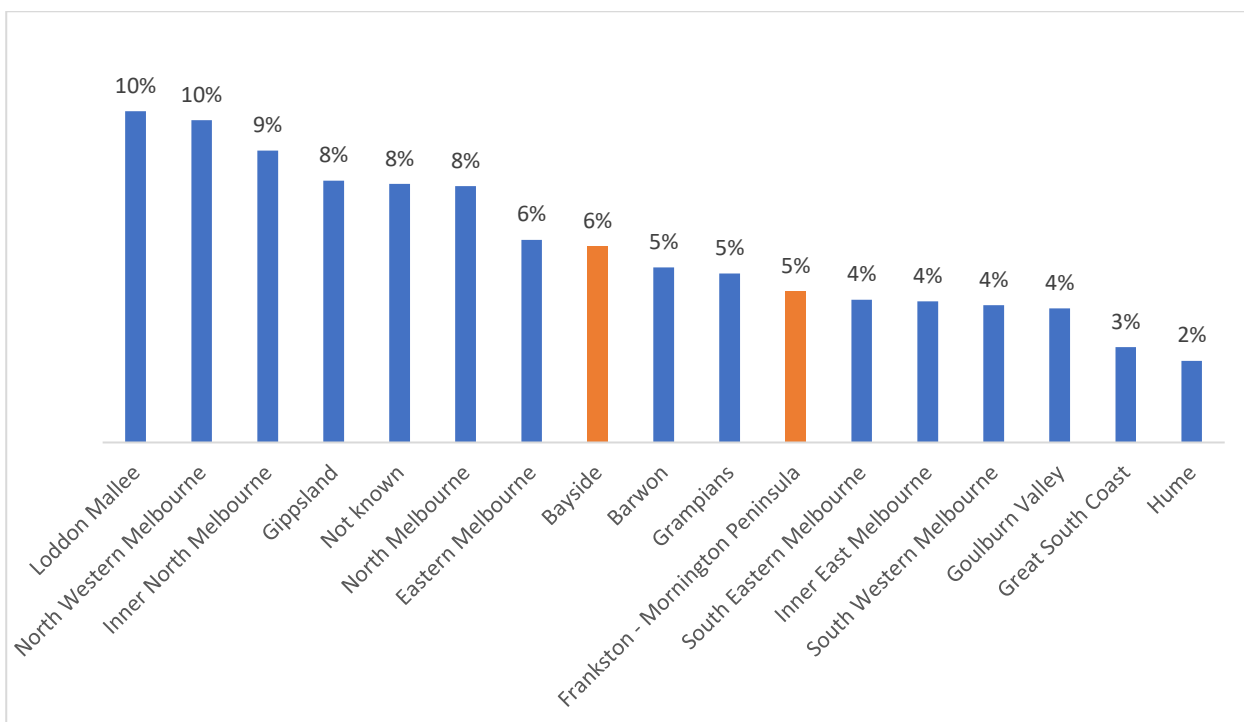
Residential rehabilitation	9	19	5	23	21	15	6	98
Total	847	2,972	1,232	1,557	2,262	2,002	1,155	12,027

Source: Victorian alcohol and drug collection (VADC) 2018-2021.

Comparison with other AOD Catchment Planning areas

Figure 8 shows that the BPA catchment provides about 11% of all AOD services in Victoria, which is slightly less than the BPA’s 14% of the Victoria population.

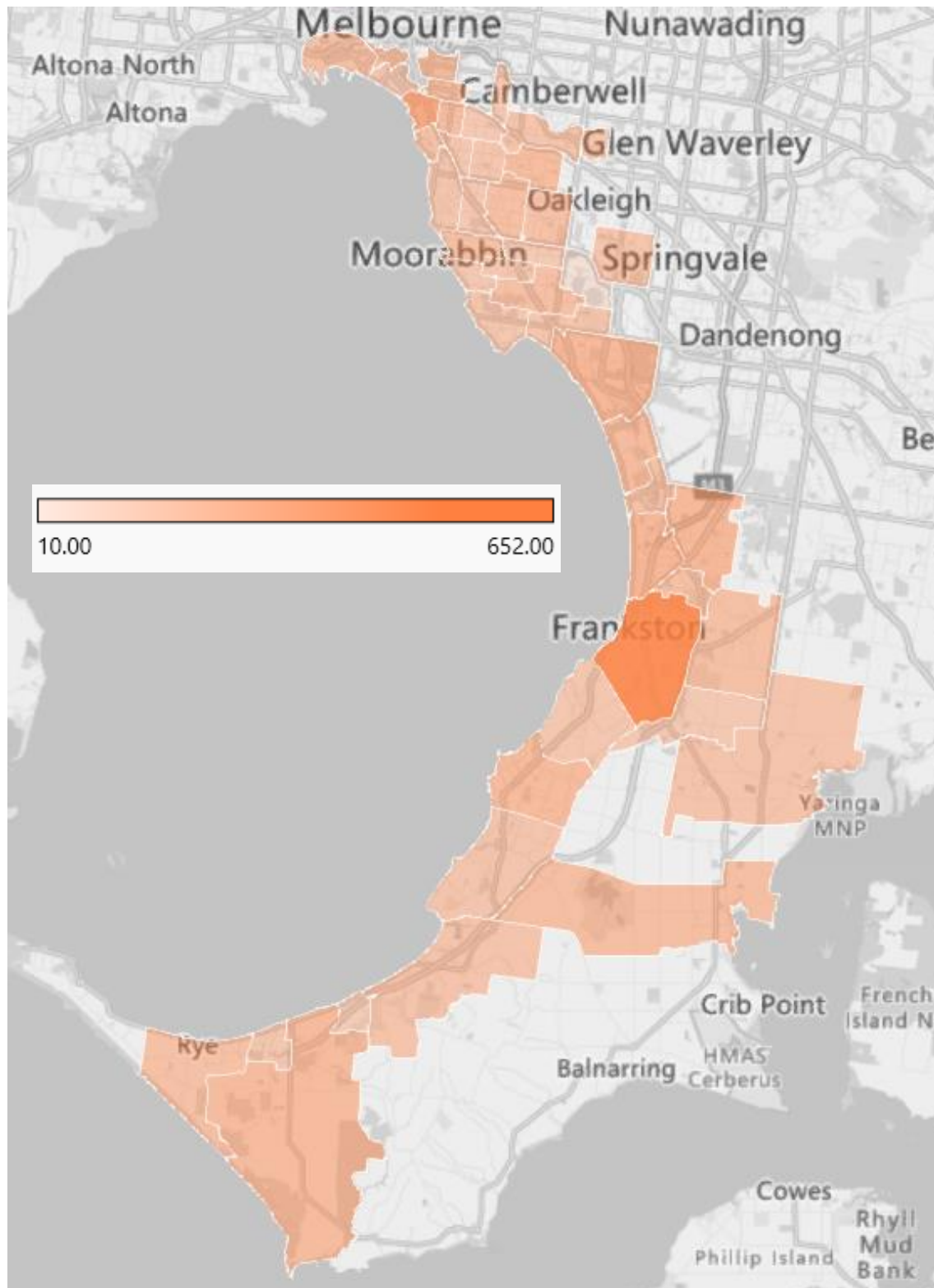
Figure 8. Closed episodes in Victorian catchments in 2021



AOD clients by home postcode

People receiving AOD services are generally spread across the catchment, with the exception of a dense concentration in Frankston, which has over twice the number of clients of any other postcode. Other popular areas are St Kilda, Seaford and Rosebud.

Figure 9. Individual AOD service users



Source: Victorian alcohol and drug collection (VADC).

Location of clients

Clients who live in the suburb of Frankston represent 15% of all clients. Another 34% combined came from St Kilda, Seaford, Aspendale, Carrum Downs and Mornington.

Table 14. Top 15 suburbs with highest number of AOD clients. 2021.

Suburb	2019	2020	2021	% of 2021 clients
Frankston	779	780	652	15%
St Kilda	344	368	336	8%
Seaford	241	227	192	4%
Aspendale	178	181	184	4%
Carrum Downs	185	173	176	4%
Mornington	184	167	157	4%
Rosebud	213	179	150	3%
Bonbeach	175	169	147	3%
Carnegie	134	135	139	3%
Prahran	175	108	128	3%
St Kilda East	140	133	128	3%
South Yarra	137	145	125	3%
Hastings	163	154	119	3%
McKinnon	155	160	117	3%
South Melbourne	149	112	112	3%

Source: Victorian alcohol and drug collection (VADC).

Clients and contacts by catchment and service. 2021

Table 15. Top 30 service providers by number of contacts in BPA, 2021

Organisation	Closed episodes	Number of contacts	Contacts per episode
Bayside Integrated Services Consortium	1,257	11,931	9
Bayside Alcohol and Drug Partnership	631	6,887	11
TaskForce	538	6,114	11
Frankston and Mornington Drug and Alcohol Services (FamDAS)	1,211	4,801	4
Youth Support and Advocacy Service (YSAS)	169	2,204	13
Stepping Up Frankston and Peninsula	178	2,040	11
Windana Drug and Alcohol Recovery Inc	279	1,697	6
Caraniche	115	1,192	10
Eastern Consortium of Alcohol and Drug Services (ECADS) - Turning Point/Eastern Health	152	1,040	7
Southcity Clinic - Alfred Health	104	865	8
Substance Use Recovery (SURE) Consortium	65	755	12
Peninsula Health	96	670	7
The Salvation Army	87	580	7
EACH	52	532	10

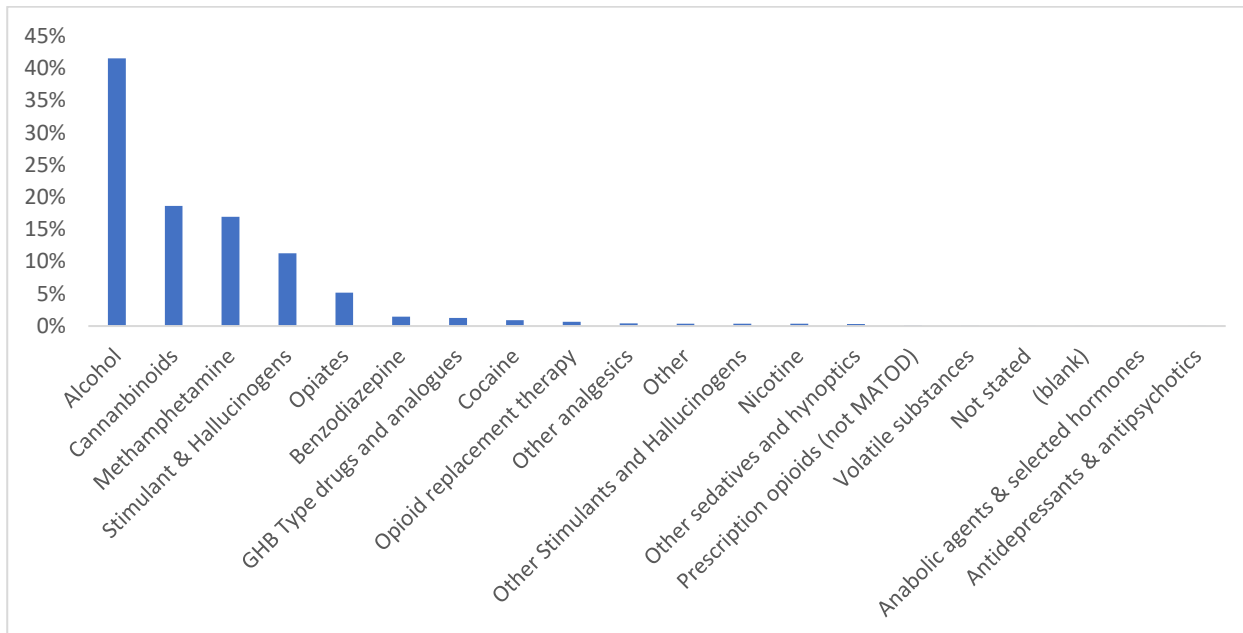
Organisation	Closed episodes	Number of contacts	Contacts per episode
Australian Community Support Organisation Ltd (ACSO)	273	426	2
Odyssey House Victoria	116	412	4
Anglicare Victoria	17	405	24
Odyssey-Led North West Metro Consortium	33	359	11
Western Health	78	321	4
Monash Health Drug and Alcohol Services	214	303	1
Uniting Regen-Led North West Metro Consortium	39	230	6
Uniting Regen	57	208	4
Boorndawan Willam Aboriginal Healing Centre	1	194	194
cohealth	16	149	9
Turning Point Eastern Treatment Service	69	141	2
Eastern Drug and Alcohol Service (EDAS)	9	117	13
Ngwala Willumbong Ltd	13	113	9
Substance Treatment and Recovery (STAR) Consortium	8	107	13
Thorne Harbour Health	55	103	2
Self Help Addiction Resource Centre (SHARC)	2	97	49
Western Integrated Drug and Alcohol Network (WIDAN)	10	85	9
Djirra	1	72	72
The Royal Women's Hospital	15	69	5
South Eastern Consortium of Alcohol and Drug Agencies (SECADA)	51	68	1

Source: Victorian alcohol and drug collection (VADC).

Primary drug of concern

The comparison of Victorian and BPA data below shows similar trends in the main drug types but the PDOC for BPA clients is more likely be alcohol, methamphetamine or cannabis and less likely to be a stimulant or hallucinogen.

Figure 10. Primary drug of concern (Victoria) 2021.



Source: Victorian alcohol and drug collection (VADC).

Figure 11. Primary drug of concern (BPA) 2021.

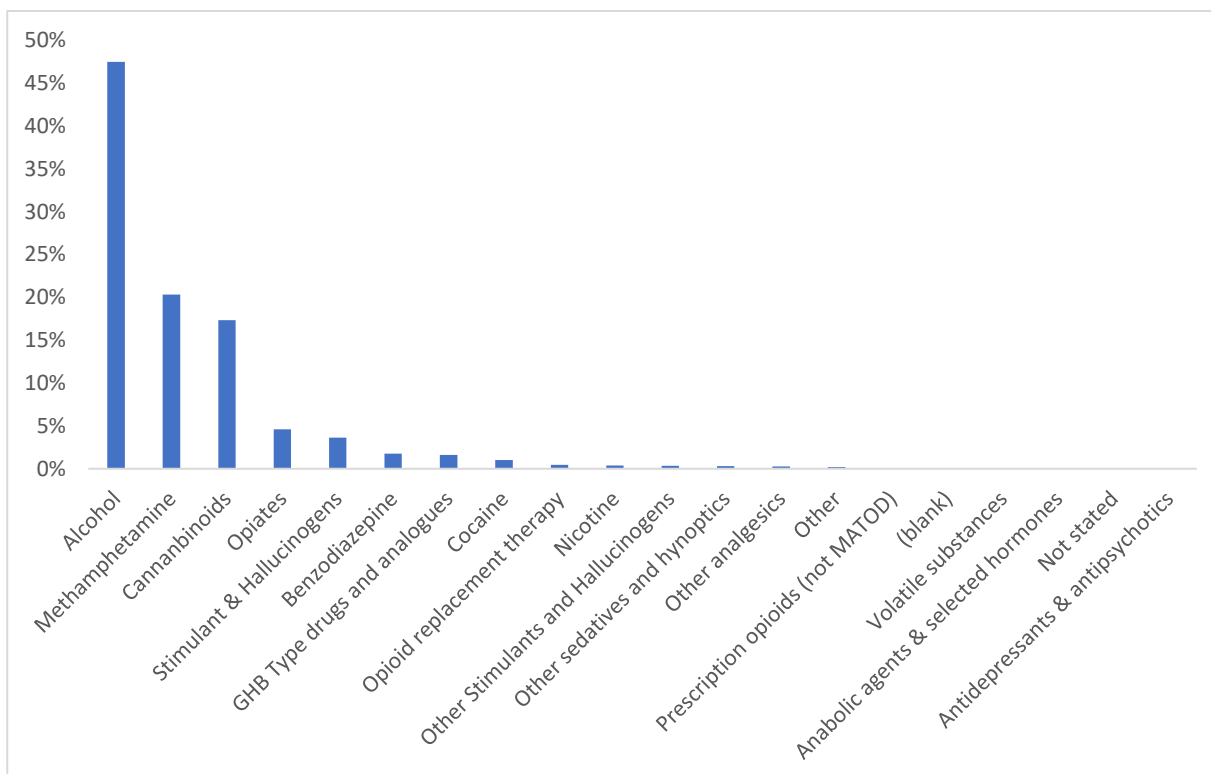
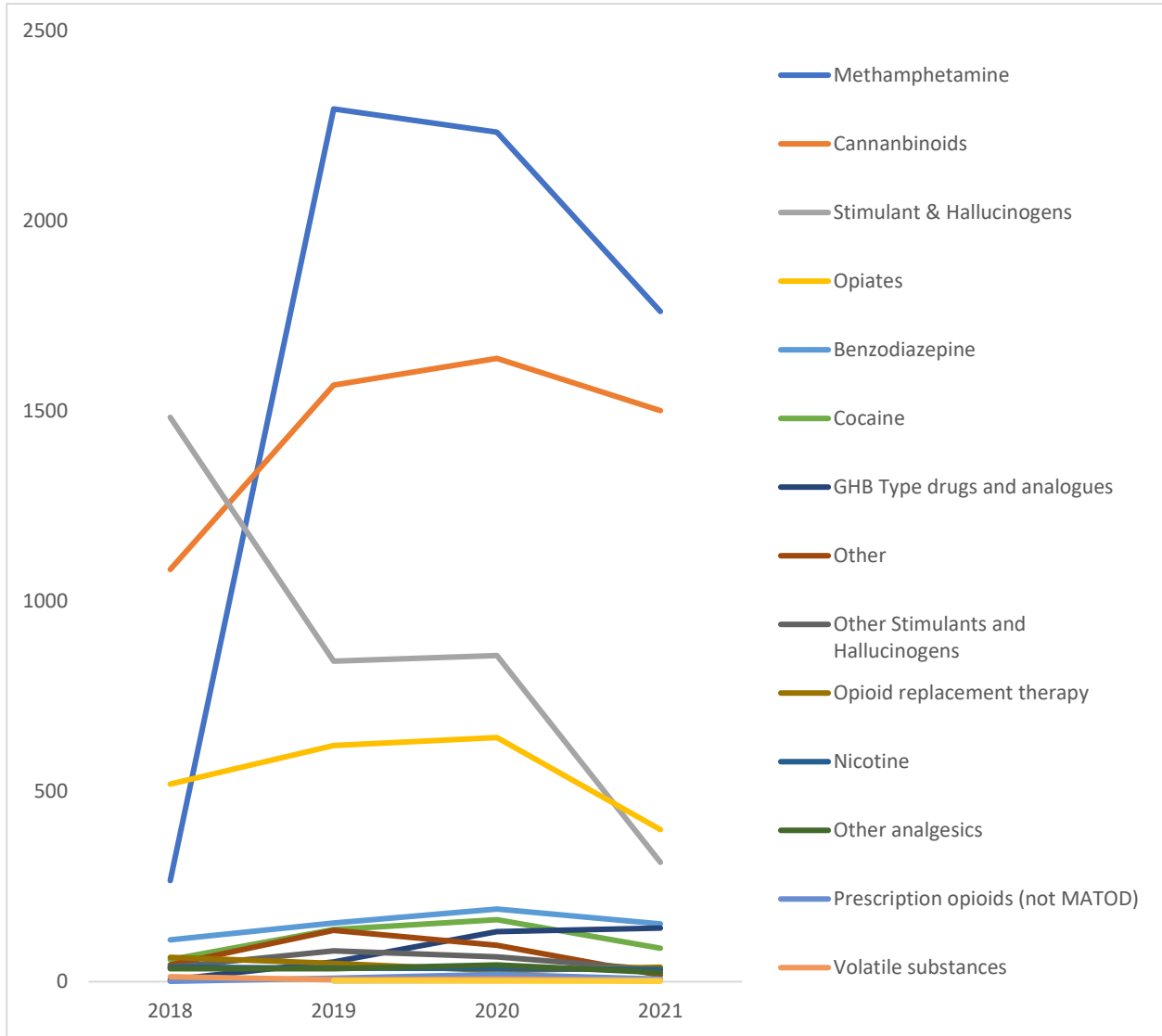


Figure 12, with alcohol excluded, shows there was a significant reduction in methamphetamine use (following a spike in 2019), a stabilization of cannabis use and a sharp drop in the use of stimulants and hallucinogens.

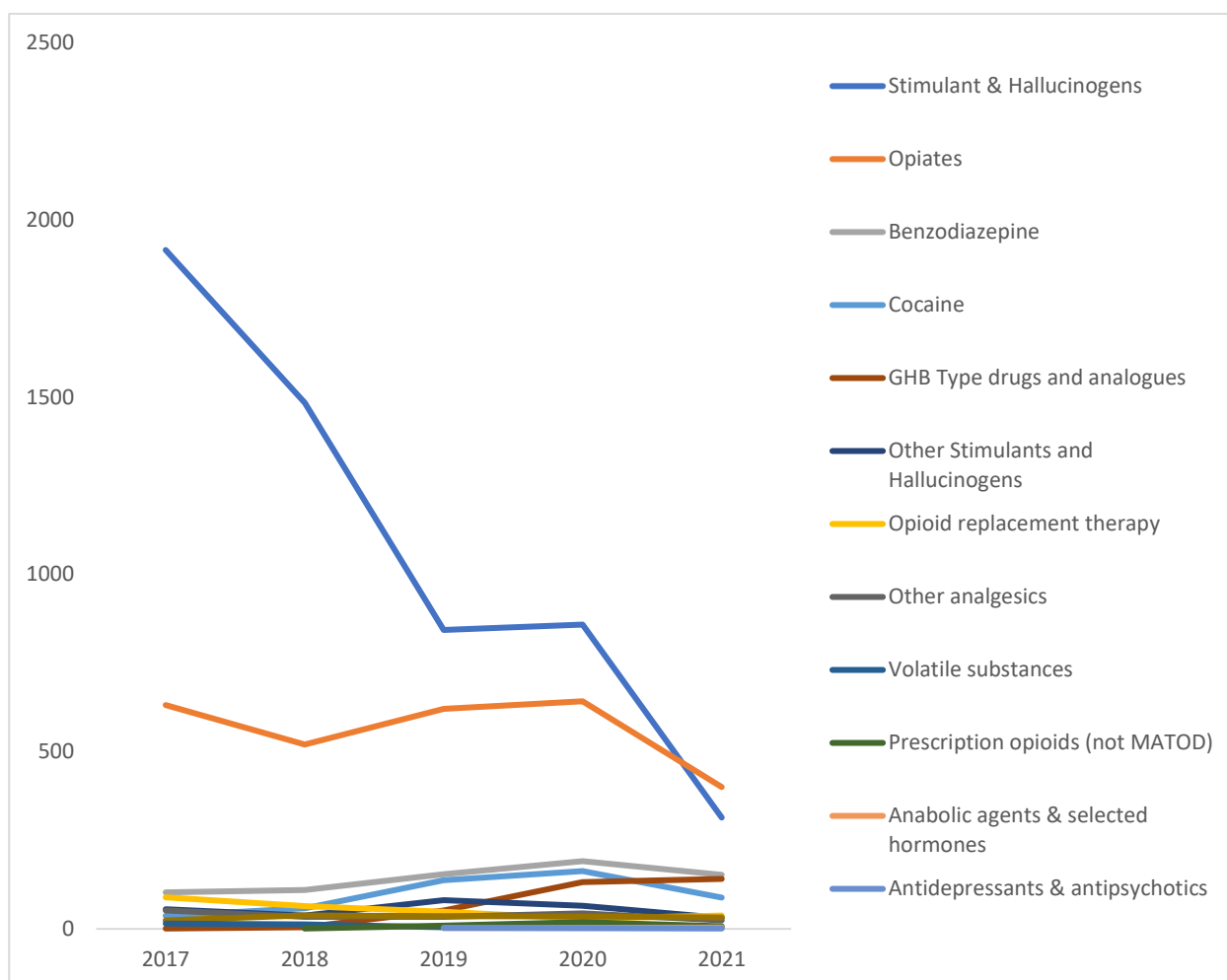
Figure 12. PDOC by episode in BPA (alcohol excluded) 2021



Source: Victorian alcohol and drug collection (VADC).

Figure 13 has alcohol, cannabis and methamphetamine removed, which highlights the rapid decrease in opiates, hallucinogens and stimulants as well as a slight increase in GHB.

Figure 13. PDOC with alcohol, cannabis and methamphetamine removed. BPA 2021.



Source: Victorian alcohol and drug collection (VADC).

Table 16. PDOC by LGA. 2021

	Bayside	F'ston	Glen Eira	K'ston	M'ton P'sula	Port Phillip	S'tonn
Alcohol	45%	43%	46%	48%	55%	47%	46%
Methamphetamine	20%	23%	18%	22%	18%	19%	22%
Cannabinoids	18%	21%	14%	17%	18%	16%	12%
Opiates	6%	2%	8%	4%	1%	8%	8%
Stimulant & Hallucinogens	1%	4%	3%	3%	4%	4%	5%
Benzodiazepine	3%	2%	3%	2%	1%	1%	2%
GHB Type drugs and analogues	2%	2%	3%	1%	1%	1%	3%
Cocaine	1%	0%	1%	1%	1%	2%	1%

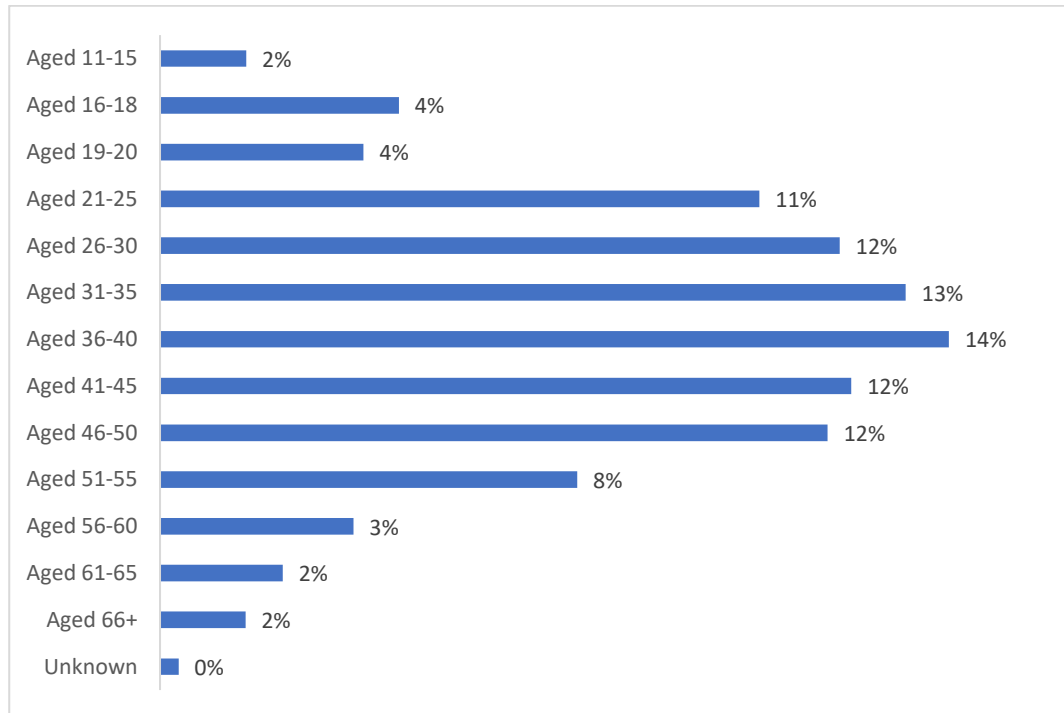
Source: Victorian alcohol and drug collection (VADC).

AOD Service User Demographics

Age of service users

The age of service users continues to be concentrated from 21 to 50 years.

Figure 14. Age range of AOD service users. 2021.



Source: Victorian alcohol and drug collection (VADC).

Aboriginal people

217 Aboriginal people accessed AOD services in BPA in 2021, making up 5.1% of service users (see table 17). This proportion is nine times higher than the proportion of people identifying as Aboriginal and Torres Strait Islander in the community

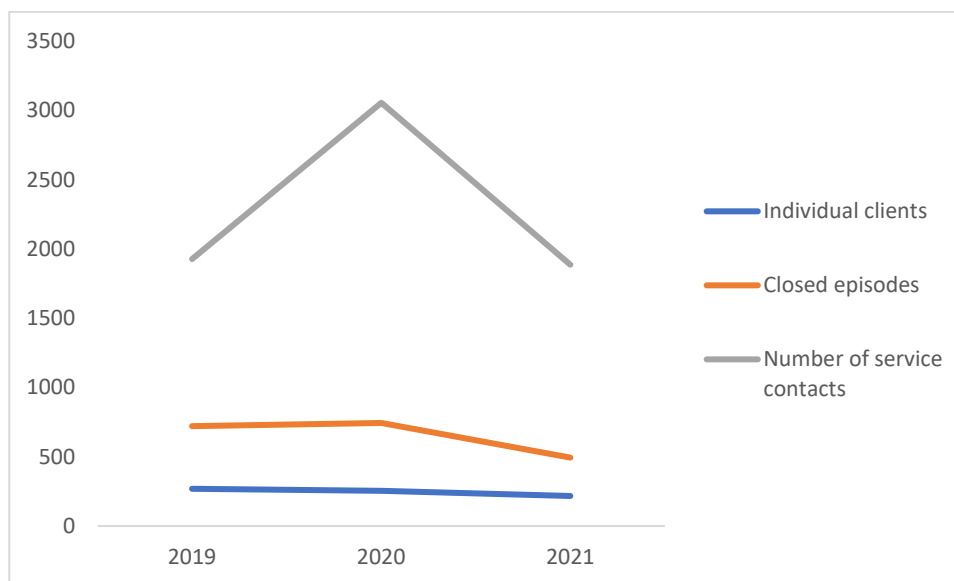
Figure 15 below shows a stable number of Aboriginal AOD clients but they are receiving more episodes and more service contacts. This peaked in 2020 but is still high.

Table 17. AOD service user demographics. 2021

LGA	% AOD service users Indigenous	% popn Indigenous	% AOD service users not born in mainly English speaking country	% popn not born in mainly English speaking country
Bayside	3.7%	0.3%	7%	18%
Frankston	6.6%	1.3%	4%	16%
Glen Eira	2.9%	0.3%	12%	31%
Kingston	2.9%	0.5%	9%	27%
Mornington Peninsula	6.0%	1.0%	2%	12%
Port Phillip	6.3%	0.5%	9%	27%
Stonnington	3.6%	0.3%	10%	27%
All BPA	5.1%	0.6%	7%	22%
Metro	6.1%		10%	34%
Victoria	9.9%	1.0%	7%	29%

Source: 2020/21 VADC Data, 2021 Census

Figure 15. Number of Aboriginal people accessing AOD services. BPA.



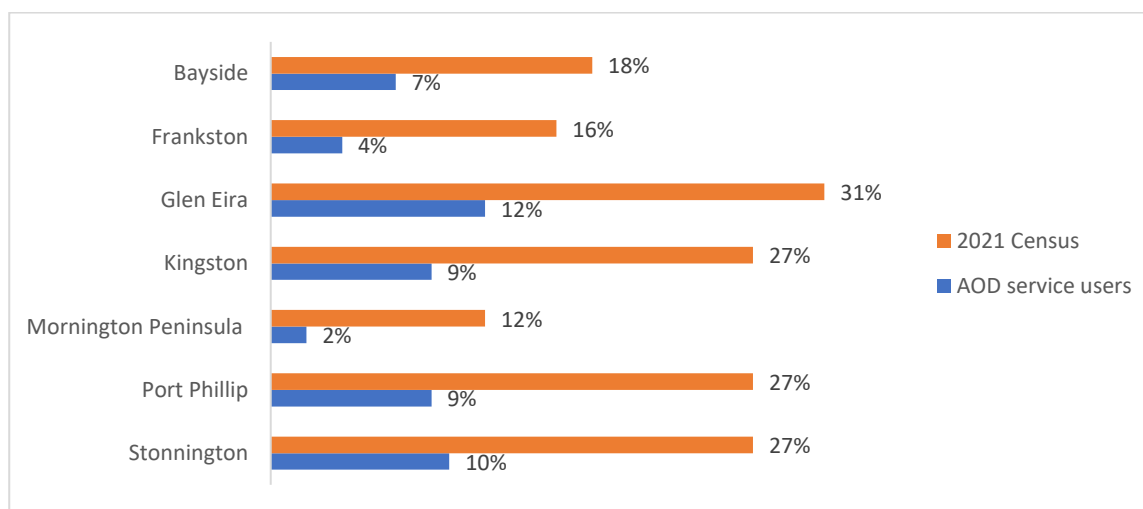
Source: 2021 VADC Data

Cultural and Linguistically Diverse people

The VADC dataset has two measures of cultural diversity – country of birth and ‘language most preferred by the client for communication’. We used ‘country of birth that is not a main English speaking country’ as a proxy to classify people as Culturally and Linguistically Diverse. The main English-speaking countries comprise the United Kingdom (England, Scotland, Wales, Northern Ireland), Republic of Ireland, New Zealand, Canada, United States of America and South Africa⁹.

In the BPA, people who were born in a country that ‘is not a main English speaking country’ varied between 12% (Mornington Peninsula) and 31% (Glen Eira). However, only 7% of AOD service users had a country of birth that was ‘not a main English speaking country’, which is approximately 30% of the expected cohort (see figure 16).

Figure 16. Country of birth not a ‘main English speaking country’

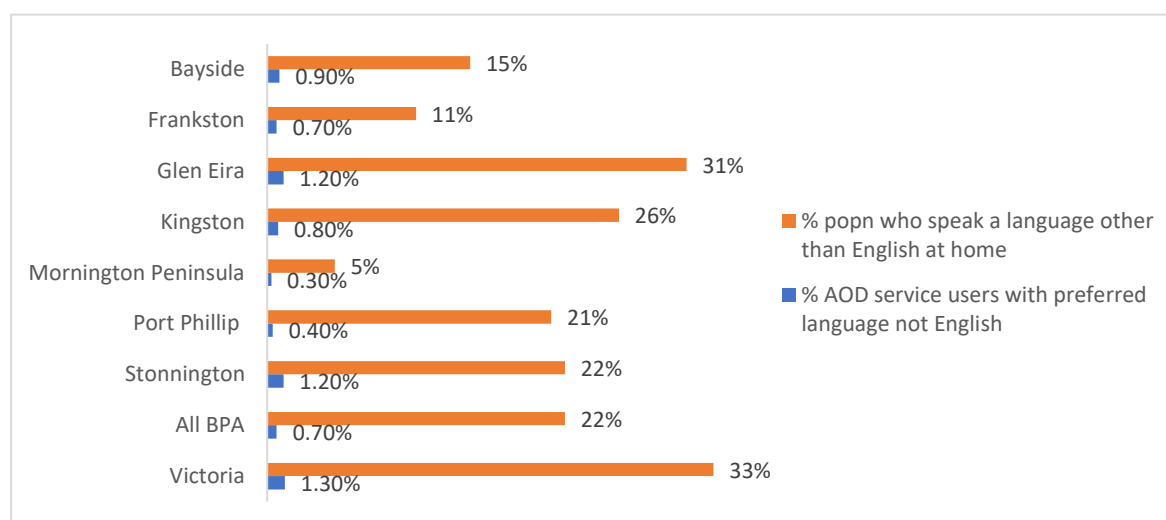


Source: 2021 VADC Data, 2021 Census

This difference, is more prominent when comparing the proportion of AOD service users with a preferred language other than English, which is 30 times lower compared to their proportion in the community. However, some of this difference can be attributed to missing data.

⁹ <https://www.vic.gov.au/victorian-family-violence-data-collection-framework/data-collection-standards-culturally-and>

Figure 17. Preferred language other than English

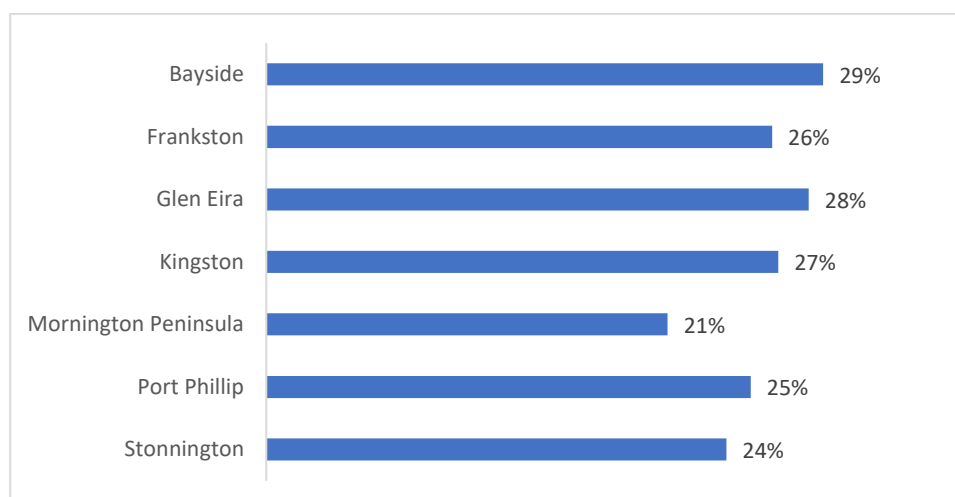


Forensic clients

- Forensic clients are people who access alcohol and other drug treatment as a result of their contact with the criminal justice system.
- The majority of forensic clients are mandated to attend treatment as a condition of their order or diversion.
- The Department of Health funds the assessment and treatment for all community-based forensic clients across the state.
- Alcohol and other drug treatment for forensic clients is aimed at reducing the harms associated with alcohol and other drug misuse, including the related offending behaviour.
- Forensic alcohol and other drug treatment is part of the broader alcohol and other drug treatment system and clients. It includes specific targeted programs as well as prioritised access to general community, withdrawal and rehabilitation programs.

Across metro Melbourne, between 14% and 42% of clients are forensic. In BPA, all services include between 20% and 30% forensic clients, with the highest percentage in Bayside.

Figure 18. Forensic AOD service users

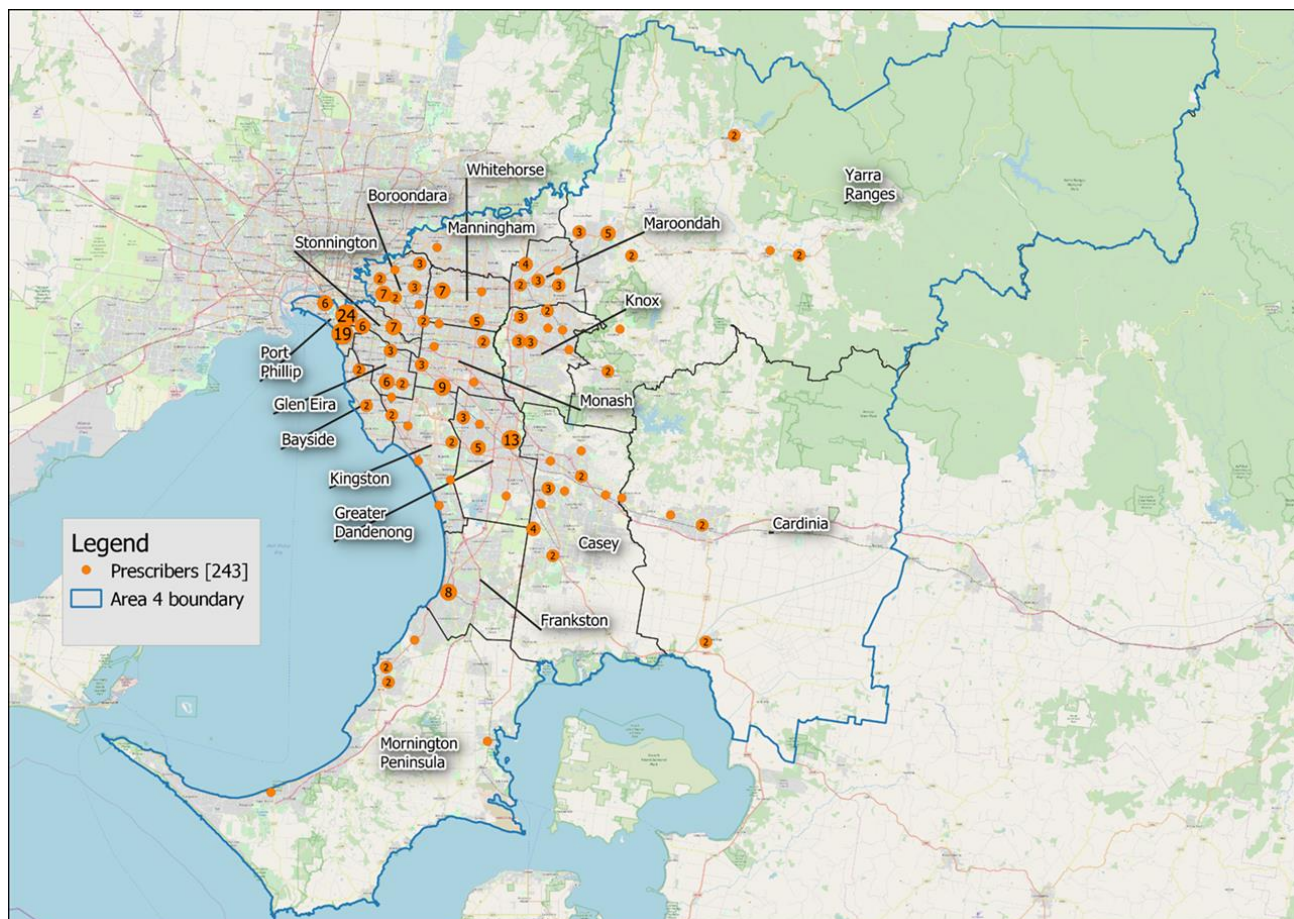


Source: VADC 2021

Medication Assisted Treatment for Opioid Dependence (MATOD)

The data below has not been updated since 2019 as there has not been any additional information released.

Figure 19. Distribution of Melbourne MATOD prescribers. 2019.



Source: Area 4 Pharmacotherapy Network. June 2019

FMP has 25 trained MATOD prescribers and Bayside has 80 prescribers. Five general practices in the Bayside Peninsula Area hold approximately 80% of the opioid replacement permits. The practices are:

- First Step (St Kilda)
- Frankston Healthcare (Frankston)
- Genesis Medical Centre (Brighton)
- Jasper Medical (Bentleigh)
- Mediclinc (Clayton)

All practices provide a full range of general practice services but First Step, Frankston Healthcare and Genesis Medical Centre focus nearly exclusively on substance misuse and mental health. South City Clinic (Alfred Health) is the only public Specialist Pharmacotherapy Clinic in the BPA. Peninsula Health operate a sessional pharmacotherapy clinic 2 days a week at Rosebud.

2022 Pharmacotherapy projects funded by SEMPHN

Nurse practitioner program

- Response to limited success to get more GPs as ORT prescribers
- Project to base nurse practitioners at practices prescribing ORT (First Step, Mediclinic)
- Funding used to subsidise the cost of a room for the nurse practitioner
- Focusing on clients with ORT
- Still under care of GP
- Substituting GP sessions with nurse appts

EPIC-MATOD

- Enhanced pharmacist involved care
- Special training for pharmacists
- GPs specify a range of dosage and number of sessions they can miss
- E.g OK to miss 2 weeks and then restart
- 6 pharmacists trained

Doctor placement program

- Doctor placement program for doctors who have done the ORT training but don't want to work in their own clinic
- Practices hope that some of the doctors stay with them
- PHN to subsidise doctors and clinics

Needle & Syringe Programs

There are two primary fixed site needle and syringes programs in the BPA in addition to two outreach NSP services. These are complimented by smaller secondary NSP services (e.g. where NSP services are made available through community health centre receptions) and vending machines. NSP services are also complimented by council-run Syringe Disposal Services.

Table 18. Primary Needle and Syringe Program and Outreach overview

Type	Service/ data source	Fixed site location / Outreach catchment area
Fixed site NSP	SHARPS	Frankston
	Salvation Army (Access Health)	St Kilda
Outreach NSP	SHARPS	FMP
	Star Health - Mobile Health Outreach Service (MHOS)	Bayside

We have not reported on the NSP data as the service providers are not confident in its accuracy. The Department of Health is currently upgrading its reporting mechanism to improve accuracy

Take home naloxone

Naloxone hydrochloride (brand names Prenoxad, Nyxoid) is a drug that can temporarily reverse opioid overdose. Naloxone is now available for free in Victoria, with no prescription needed.

The Take Home Naloxone program is provided by:

- approved providers such as community pharmacists, dispensing doctors and hospital pharmacists
- authorised alternative suppliers such as needle and syringe programs

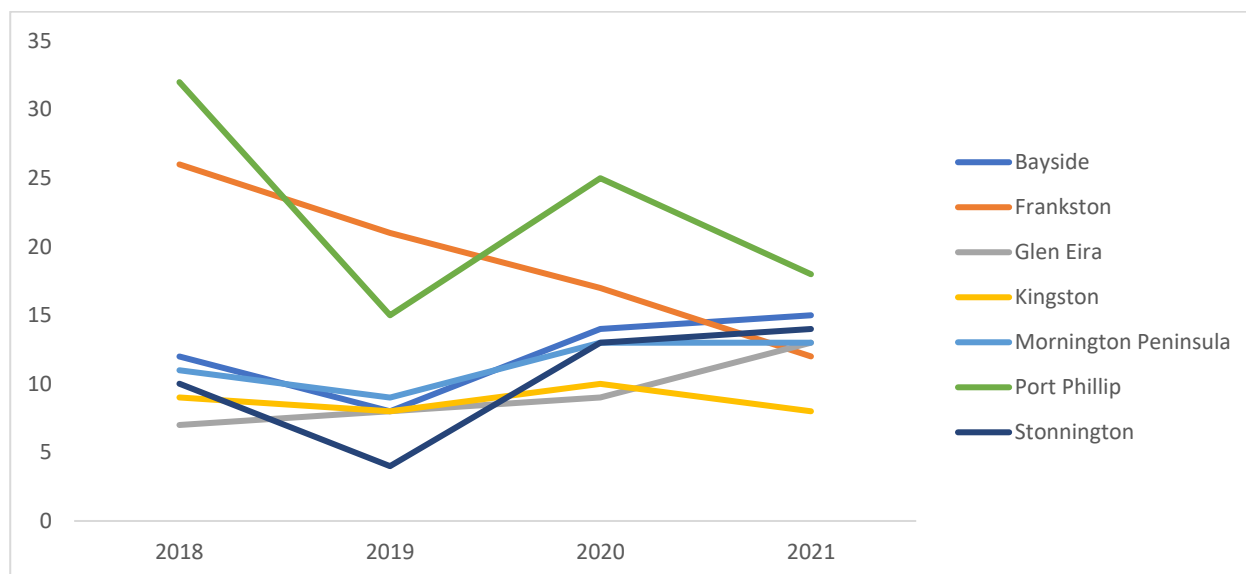
AOD harms

Overdose deaths

The term 'overdose' is used to describe any death where the expert death determined the acute toxic effects of a drug or drugs played a contributory role. The definition of the term 'drug' includes alcohol and prescription medications.

There were 93 overdose deaths in the BPA in 2021. Points of note from figure 21 below include the steady reduction in deaths in Frankston since 2018 and the rise of deaths in Bayside and Stonnington since 2019

Figure 20. BPA overdose deaths 2018-2021



Source: <https://www.coronerscourt.vic.gov.au/victorian-overdose-deaths-2012-2021>

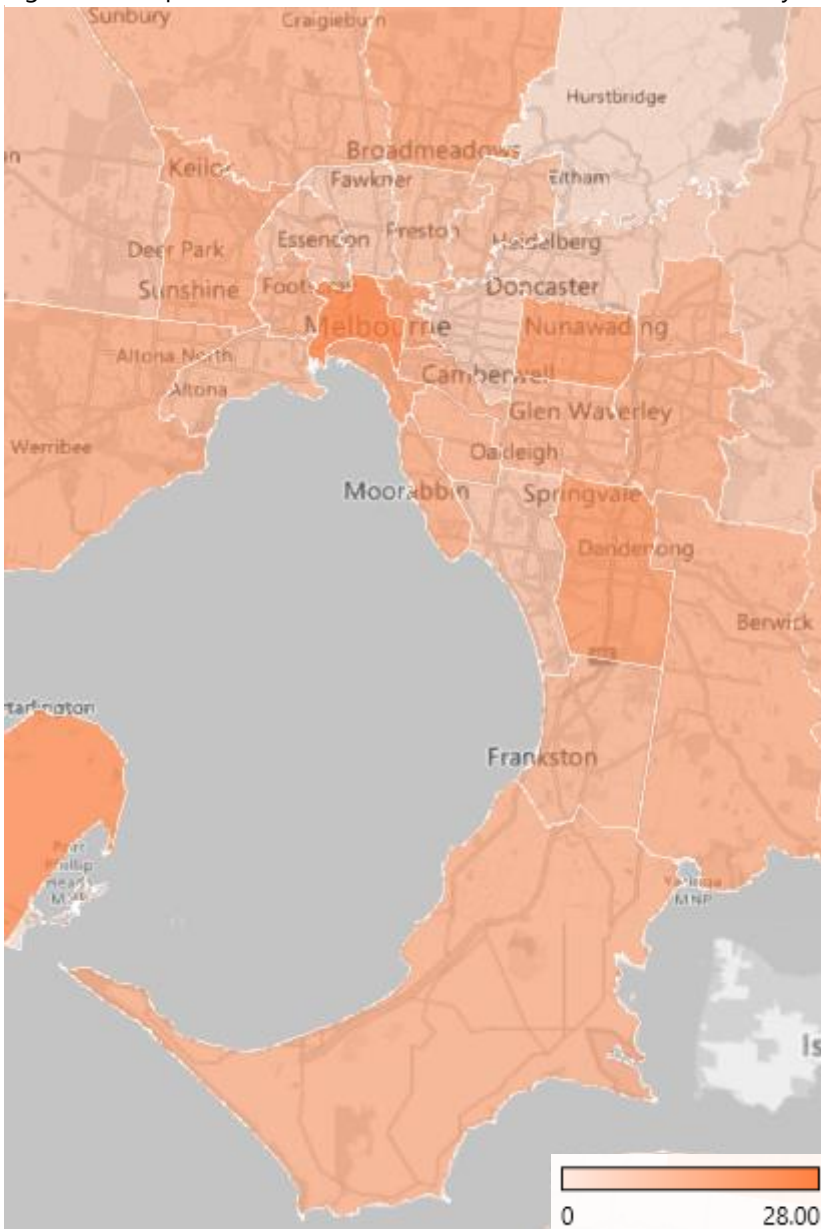
The table below shows that Port Phillip, Bayside and Stonnington all have overdose death rates in the top 6 for Melbourne metro.

Table 19. Proportion of overdose deaths per 100K population

LGA	Deaths per 100K pop	Rank metro
Bayside	1.48	5
Frankston	0.86	13
Glen Eira	0.87	12
Kingston	0.51	23
M'ton P'sula	0.77	16
Port Phillip	1.77	3
Stonnington	1.34	6

Source: <https://www.coronerscourt.vic.gov.au/victorian-overdose-deaths-2012-2021>

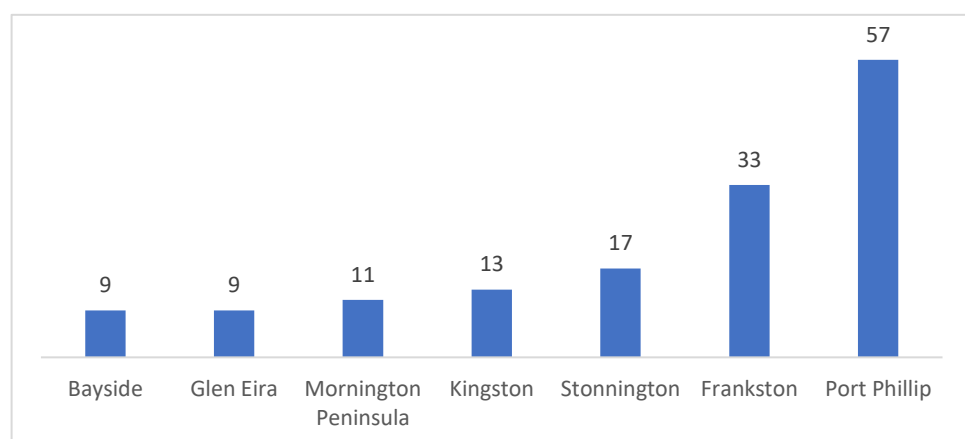
Figure 21. Map of number of Melbourne metro overdose deaths by LGA in 2021



Source: <https://www.coronerscourt.vic.gov.au/victorian-overdose-deaths-2012-2021>

Overdose death data by drug type by LGA has not been published since 2018.

Figure 22. Heroin involved overdose deaths (2014-2018)

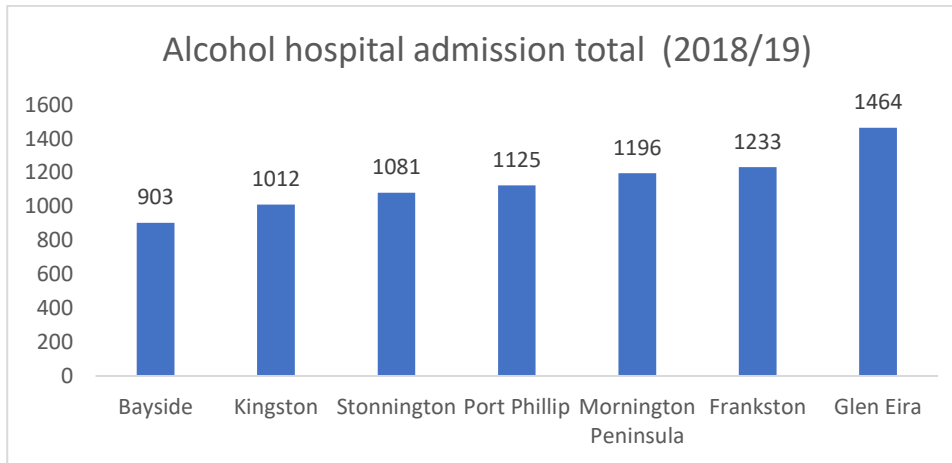


Source: Coroner's Court of Victoria. Investigation of Yara Sturak Migon. Court reference 2018 5656

Hospital admissions

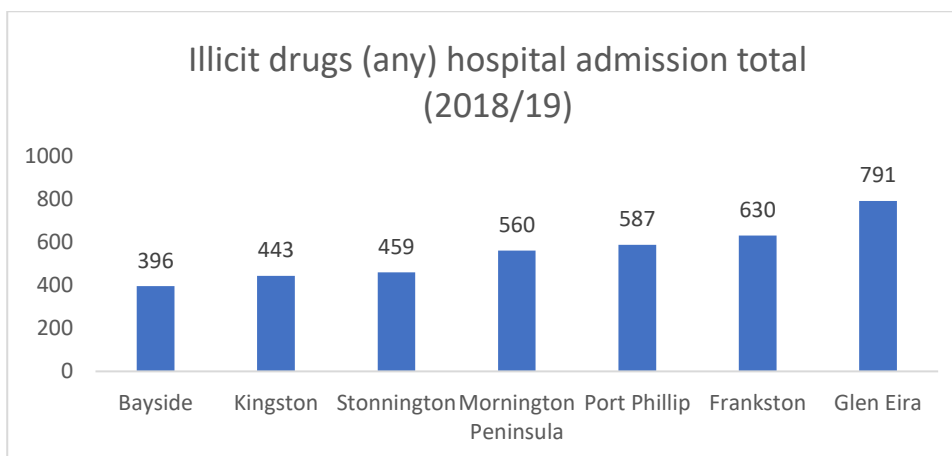
Hospital admission data has not been updated since 2019.

Figure 23. Hospital admissions due to alcohol



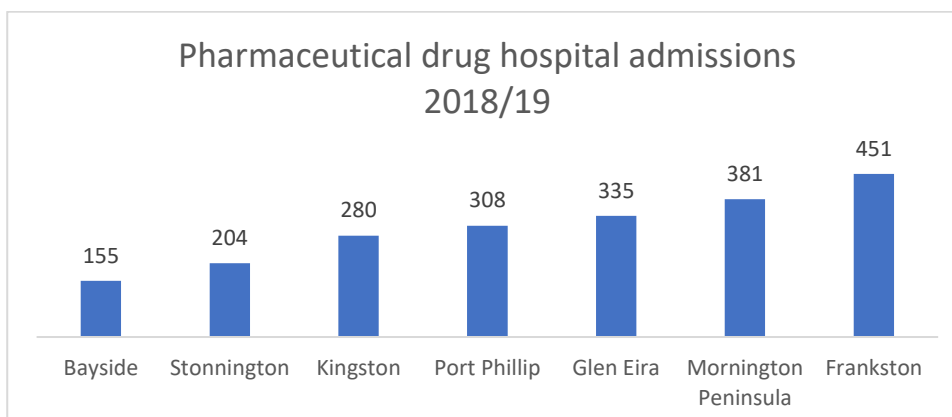
Source: AOD stats, Turning Point

Figure 24. Hospital admissions due to illicit drugs



Source: AOD stats, Turning Point

Figure 25. Pharmaceutical drugs hospital admissions

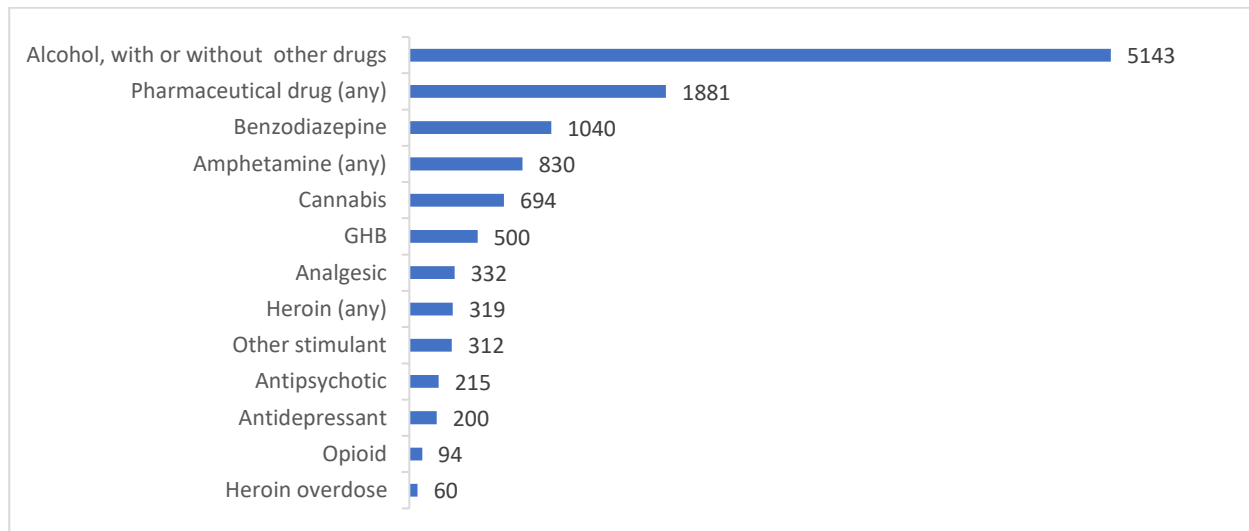


Source: AOD Stats. Turning Point.

Ambulance attendances

Turning Point collated ambulance attendance statistics for Victoria. The most recent data is for the 2020/21 financial year. Locations are based on the address attended by the ambulance, not the client address. Alcohol is the most commonly involved drug type for attendances.

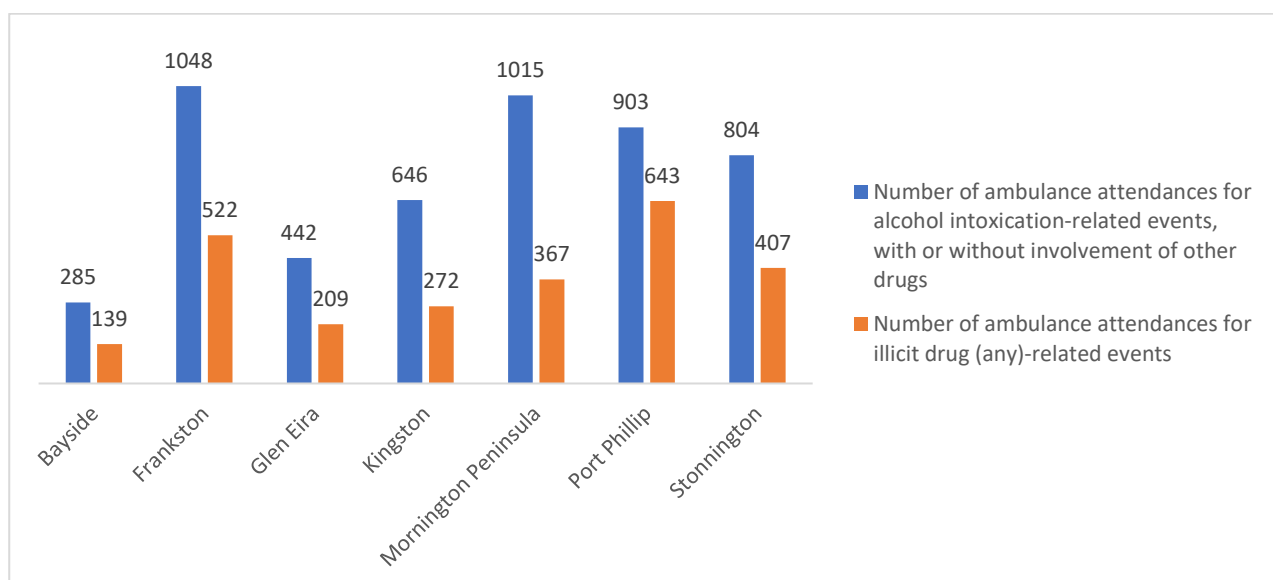
Figure 26. BPA ambulance attendances by drugs involved. 2020/21



Source: Ambo stats, Turning Point

The number of alcohol-related attendances are high for Frankston, Mornington Peninsula, Port Phillip and Stonnington. Port Phillip has the highest number of drug-related attendances.

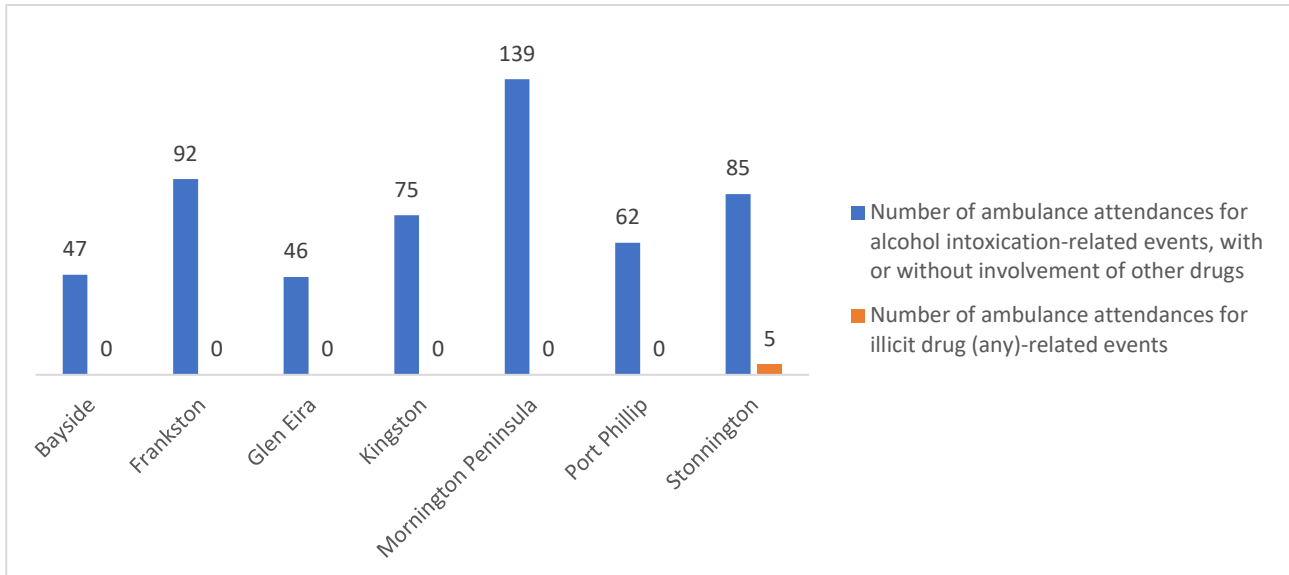
Figure 27. Number of alcohol or drug-related ambulance attendances. 2020/21.



Source: Ambo stats, Turning Point

For people aged over 65 years, virtually all AOD ambulance attendances were for alcohol. The Mornington Peninsula has nearly double the number of alcohol attendances for over 65s, compared to the rest of BPA.

Figure 28. People aged 65+. Number of alcohol or drug related ambulance attendances. 2020/21

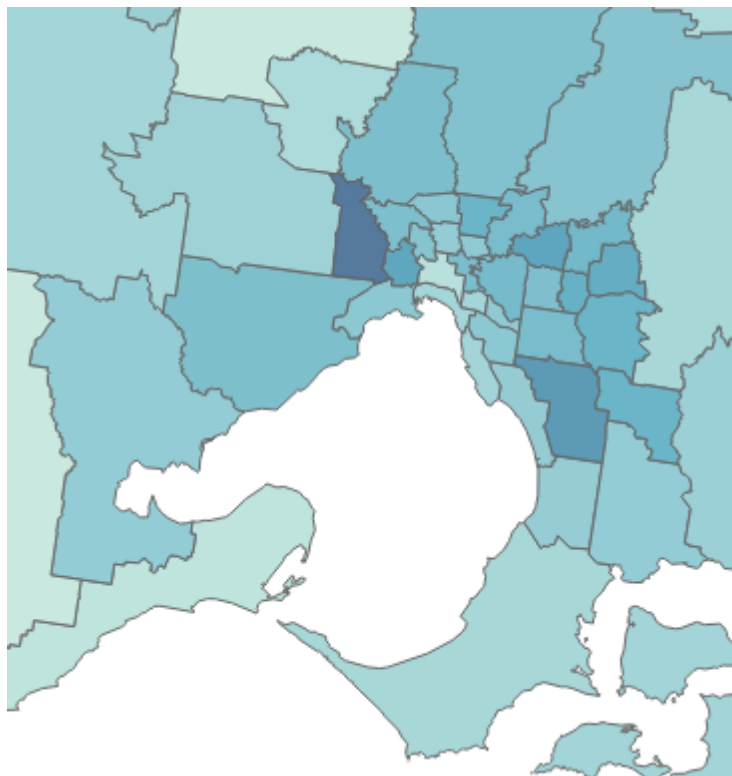


Hepatitis B and C treatment

The [ASHM's Viral Hepatitis Mapping Project](#) displays 2020 data about people with viral hepatitis are accessing care. The data is based on MBS and PBS items.

The snapshot to the right shows the percentage of people in each region accessing care for hepatitis B. The darker colours means a higher percentage of people with viral hepatitis are accessing care.

Figure 29. Percentage of people accessing care for hepatitis B.



The data indicates, that despite a large difference in the number of people in each area with viral hepatitis, there is a similar percentage accessing treatment

In BPA, the largest number of people accessing treatment for hepatitis C is in Kingston and the Mornington Peninsula, while Glen Eira has the largest number receiving hepatitis B treatment of monitoring.

Table 20. Number of people accessing treatment for viral hepatitis

SA3 area	Hep C - number of people receiving treatment (SA3) 2020	Hep B - number of people receiving treatment or monitoring (SA3) 2020
Bayside	264	102
Frankston	416	132
Glen Eira	363	326
Kingston	605	176
Mornington Peninsula	691	99
Port Phillip	76	124
Stonnington	280	181
BPA total	2695	1140

Source: ASMH data request. 2021

Police incidents

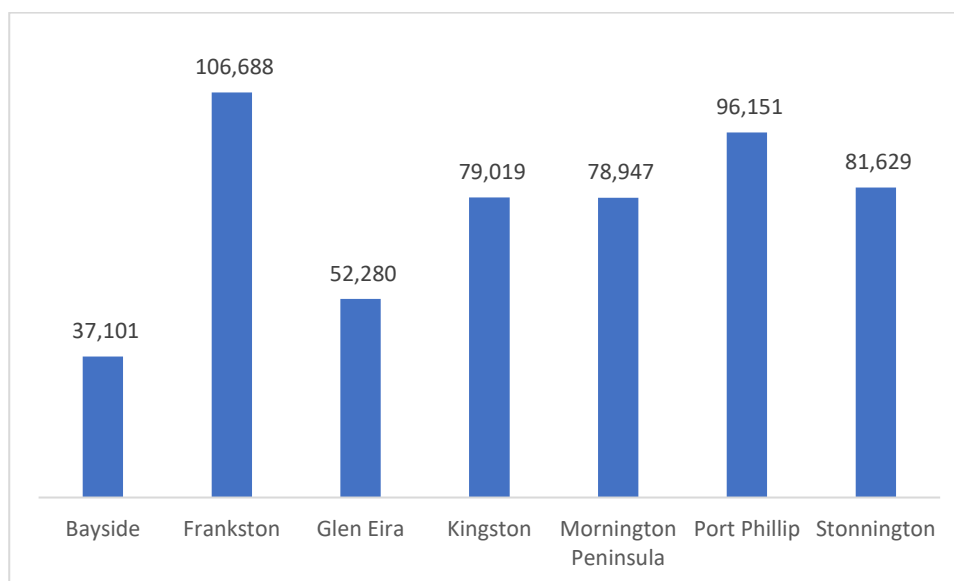
Port Phillip and Frankston had the highest number of incidents reported, while Port Phillip and Stonnington were in the top 5 for highest metro rates of incidents. Locations are related to the site of the incident, not the address of the offender.

Table 21. Police incidents in 2021/22

Local Government Area	Rate per 100,000 population	Metro rank
Bayside	3,460	24
Frankston	5,935	9
Glen Eira	3,439	25
Kingston	4,429	14
Mornington Peninsula	3,863	20
Port Phillip	8,900	3
Stonnington	7,507	5

Source: Crime Statistics Agency. Year ended June 2022.

Figure 30. BPA total police incidents 2021/22



Source: Crime Statistics Agency. Year ended June 2022.

Table 22. Police incidents by type 2021/22

	Victoria	BPA
A Crimes against the person	16%	13%
B Property and deception offences	61%	64%
C Drug offences	4%	4%
D Public order and security offences	6%	7%
E Justice procedures offences	11%	10%
F Other offences	1%	2%

Source: Crime Statistics Agency. Year ended June 2022.

In both Victoria and BPA, 4% of police incidents are drug offences. Of these, 73% (over 15,000) are related to drug use and possession.

Table 23. BPA drug offence by type

C Drug offences	Percentage	Number
C10 Drug dealing and trafficking	20%	4,159
C11 Drug dealing	0%	20
C12 Drug trafficking	19%	4,139
C20 Cultivate or manufacture drugs	7%	1,487
C21 Cultivate drugs	4%	787
C23 Possess drug manufacturing equipment or precursor	3%	700
C30 Drug use and possession	73%	15,571
C31 Drug use	3%	604
C32 Drug possession	70%	14,967
C90 Other drug offences	0%	73
C99 Other drug offences	0%	73
Total		21,290

Source: Crime Statistics Agency. Year ended June 2022.

Matching supply and demand – a comparison of social factors, AOD harms and service utilisation

To determine whether there are areas of the catchment requiring additional access to services, six key measures were converted into a crude rate based on population prevalence. The measures were ranked for each of the 30 metro LGAs (Table 24). Smaller numbers indicate a bigger problem. The social factors and AOD-related harms can be used as a proxy for expected demand and the AOD service usage indicates whether supply correlates with the expected demand. Metro was separated from regional LGAs because regional LGAs have higher rates of most measures of disadvantage and AOD service utilisation. For example, Frankston, which has the highest AOD intake utilisation rate for metro, is only ranked 20 in all of Victoria.

Table 24. Social factors, risks, harms and AOD service use ranked by LGA (smaller numbers indicate a bigger problem)

LGA	Unemployment	Aged 20-35 without Year 12 qualification	Police incidents	Ambulance attendances for alcohol or illicit drugs	Overdose deaths	Self-reported Mental Health condition	AOD Service Usage: Comprehensive assessment	AOD Service Usage: Counselling	Intake	Residential withdrawal
Bayside	26	25	24	27	5	24	25	23	22	24
Frankston	15	3	9	5	13	2	2	1	1	4
Glen Eira	23	27	25	26	12	18	26	24	23	28
Kingston	22	15	14	16	23	17	21	15	21	27
Mornington Peninsula	30	4	20	8	16	8	14	12	7	17
Port Phillip	17	21	3	3	3	7	4	2	4	1
Stonnington	24	29	5	4	6	13	20	19	20	16

Top 10 Ranked metro LGAs for AOD service utilisation (most services)

Middle 10 Ranked metro LGAs for AOD service utilisation

Bottom 10 Ranked metro LGAs for AOD service utilisation (least services)

Frankston and Port Phillip both have high rates of AOD service usage compared to other LGAs in BPA as well as other Melbourne metro LGAs, with Frankston having the highest rate of service utilisation in metro Melbourne. High rates of service use are represented by lower numbers in table 24.

In general, the areas with higher risk factors and harms had higher AOD service utilisation. The AOD service usage presented in table 24 above, provides some reassurance that services are being provided in areas of most need. However, despite high levels of service, in Frankston and the Mornington Peninsula, overall demand is not currently being met, with four week waiting times for services being common throughout 2022. There is also a surprisingly low rate of residential withdrawal services provided to Frankston residents, possibly because the nearest centres are in Dandenong and St Kilda. Stonnington has a more heterogenous population, with overall high rates of Year 12 graduates but also high rates of harms. This aligns with Stonnington's AOD service utilisation, which is about average for Melbourne metro (ranked 19/30 for counselling).

Frankston also has the highest proportion of AOD service utilisation in metro Melbourne for intake and counselling. Similarly, Port Phillip has very high service utilisation across the service types, including the highest rate of residential withdrawal services.

Source of measures

Measure	Year and data source	Description
Unemployment	2021 Census	Number of unemployed people / number of unemployed people plus the number of employed people
People aged 20-35 without Year 12 qualification	2021 Census	Number of people aged 20-35 years without Year 12 qualification/number of people aged 20-35 years
Police incidents	Crime Statistics Agency 21/22 FY	Number of police incidents/total population
Ambulance attendances alcohol or illicit drugs	AODstats 20/21 FY	Number of ambulance attendances/total population
Overdose deaths	Coroner's report 20/21 FY	Number of overdose deaths/total population
Mental Health	2021 Census	Number of people who indicated a mental health condition on 2021 Census / total population
Comprehensive assessment	VADC AOD data 2021	Number of people who received a comprehensive AOD assessment/total population
Counselling	VADC AOD data 2021	Number of people who received AOD counselling/total population
Intake	VADC AOD data 2021	Number of people who were processed by intake/total population
Residential withdrawal	VADC AOD data 2021	Number of people who attended residential withdrawal/total population

Priority Action Areas and Objectives

The following strategic priorities have been identified by the BPA AOD Steering Committee, based on catchment need, gaps and best practice evidence.

Priority Action Area 1: Improve and integrate service access

Objectives	Activities	Outputs	Outcomes	Proposed 2023 activity
Understand barriers and respond to problems with referral and access	<p>Identify current access and intake protocols amongst BPA AOD providers through analysis of needs, gaps, intersections as part of continuous improvement and best practice</p> <p>Identify opportunities for shared demand management and alternative service pathways</p>	<p>Sharing of activity data</p> <p>Revision of access and referral protocols informed by barriers and needs identified</p>	<p>Improved access and referral to treatment and services in response to needs</p>	<p>Monthly sharing of referral numbers and waiting list</p> <p>Facilitation of sharing client loads</p> <p>Identification of additional referral opportunities (Aboriginal, LGBTIQ+)</p> <p>Development of list of services without waiting lists</p>
Improve access to people not seeking treatment	<p>Review ED approaches to managing AOD presentations</p> <p>Work with hospital EDs to connect people presenting to ED to services</p> <p>Other access points – NSPs, homeless</p>	<p>Work with key stakeholders to increase awareness of issues and potential solutions.</p>	<p>Improved connection to AOD services to people presenting to ED.</p>	<p>Engage with ED teams</p>
Improve inclusion of families of people affected by AOD use	<p>Review approaches to family inclusion.</p>	<p>Work with AOD providers to increase awareness of issues and potential solutions</p>	<p>More families offered inclusion in AOD support</p>	
Identification and monitoring of COVID-19 responses	<p>Monitor changes to COVID-19 responses that may impact users of AOD services, such as:</p>	<p>Development of process to monitor impacts</p>	<p>Users of AOD services are not disproportionately</p>	<p>Monthly review of COVID impact</p> <p>Sharing of approach and strategies</p>

<p>that may impact users of AOD services</p>	<ul style="list-style-type: none"> •Service access •Working with people who are unvaccinated •Working with people who are COVID positive •Staff return to work 	<p>Ongoing monitoring of potential impacts Regular reports on the status of COVID-19 activities with the potential to impact AOD service users</p>	<p>impacted by COVID-19 responses</p>	
<p>Increase the number of accepted referrals to residential adult withdrawal services</p>	<p>Work with main referrers, main services and possibly VAADA to develop clear referral guidelines Track events when referrals are declined</p>	<p>Guidelines Register of declined referrals</p>	<p>More efficient access to residential withdrawal for BPA clients</p>	

Priority Action Area 2: Analysis and facilitation of education and training opportunities to support ongoing development of a capable, skilled and responsive workforce AOD workforce

Objectives	Activities	Outputs	Outcomes	Proposed 2023 activity
Better understand the BPA workforce including skills, capacity and areas of need	Monthly review of work force gaps and recruitment challenges	Minutes describing current work force status	Up to date understanding of immediate work force needs	<p>Monthly review of workforce gaps and recruitment challenges</p> <p>Facilitation of extra training</p> <p>Review of pay rates and awards used</p>
Foster skill sharing and workforce development opportunities across the catchment	Identify and facilitate training opportunities between BPA AOD providers	Working group develops a calendar of events	Build capacity of local workforce to respond to client needs	<p>Regular speakers at all groups</p> <p>Internal sharing of expertise</p>
Explore opportunities to partner with training organisation and increase student supervision capacity	Consult and engage with providers	Increased student placements	Improved pipeline of workers from training organisations	<p>Funding of student placement coordinator</p> <p>Promotion of AOD core competencies to people completing non-AOD courses</p>
Improve experience of AOD workers	<p>Looking for opportunities to support workforce</p> <p>Find out what other services are doing to support staff</p>			

Priority Action Area 3: Enhance harm reduction responses amongst people who use drugs

Objectives	Activities	Outputs	Outcomes	Proposed 2023 activity
<p>Engage stakeholders within and outside the AOD sector to deliver on the shared plan</p>	<p>Establish links between working group and other networks such as Family Violence, Homelessness and Mental Health.</p> <p>Work with HR Vic and SHARC to support the development of harm reduction peer workforce</p> <p>Support Peninsula Health e-learning module with section on Harm Reduction</p>	<p>Invited speakers at meetings</p> <p>Sharing information about other services at meeting</p>	<p>Better understanding and information sharing between AOD services and other sectors</p>	<p>FV</p> <p>Mental health</p> <p>Child family</p> <p>Out of home care (e.g Berry St)</p> <p>Youth – statewide – YSAS and their alliances used for funding</p> <p>Aboriginal support</p> <p>LGBTIQ+</p> <p>Follow up with Aboriginal audits</p>
<p>Identify, report and monitor AOD data covering:</p> <ul style="list-style-type: none"> Harm reduction 	<p>Maintain and improve risk and trend data monitoring framework that articulates domains for monitoring, identifies relevant data sets and identifies how partners will analyse, utilise and share data.</p> <p>Keep up to date information about current harm activity. Actively provide local information in accessible formats when requested and not requested.</p>	<p>Risks and trends are reviewed and shared</p> <p>Share data reports focussed on:</p> <ul style="list-style-type: none"> Usage trends Local harm Drug law reform <p>Continue to explore opportunities to support non-injecting users</p>	<p>BPA service providers use data to improve service quality and access</p> <p>Progress the conversation about drug law reform</p>	<p>Ongoing monitoring of new data</p> <p>Rolling reports as data becomes available</p> <p>Sharing of information in digests and online</p>

	Develop focussed data reports			
Promote stigma - reduction strategies	Review existing resources and identify opportunities to promote strategies	Promotional materials	Reduction in stigma towards people with substance use issues	Anti-stigma activities World Overdose Day World's Largest Overdose Prevention Training
Improve access to pharmacotherapy	Work with other agencies such as Area 4 to improve access to pharmacotherapy			

Priority Action Area 4: Identify catchment priorities, monitor activity and build partnerships

Objectives	Activities	Outputs	Outcomes	Proposed 2023 activity
Identify and monitor catchment priorities	Review reports from working groups and others regarding risks, trends and opportunities	Identify priorities annually and review progress against priorities	Collective action that progresses shared priorities	Monthly activity and waiting list reports Bi-monthly planning meetings to review actions against priorities

Objectives	Activities	Outputs	Outcomes	Proposed 2023 activity
Engage stakeholders within and outside the AOD sector to deliver on the shared plan	Establish links between BPA AOD Planning Steering Committee and other networks such as Family Violence, Homelessness and Mental Health Increase engagement with: <ul style="list-style-type: none"> • Family violence • Child protection/FRO • Mental Health Locals • Hospital EDs 	Invited speakers at meetings Sharing information about other services at meeting	Better understanding and information sharing between AOD services and other sectors	Speakers at meetings: <ul style="list-style-type: none"> • Area 4 Pharmacotherapy manager • Manager, Public Intoxication Reforms, DH • AOD service managers • Kirsty Morgan (PH AOD educator) • Family violence Cross sector AOD forum Ongoing contact with: <ul style="list-style-type: none"> • Health promotion teams in local government regarding Health and Wellbeing priorities • DH re naloxone reforms Monitor development of new DH forensic improvement plan
Identify, report and monitor AOD data covering: <ul style="list-style-type: none"> • Demand • Activity • Harm reduction 	Maintain and improve risk and trend data monitoring framework that articulates domains for monitoring, identifies relevant data sets and identifies how partners will analyse, utilise and share data.	Risks and trends are reviewed and shared	BPA service providers use data to improve service quality and access	Ongoing monitoring of new data Rolling reports as data becomes available Sharing of information in digests and online Add Lived Experience Updates as a standing item for meetings

Objectives	Activities	Outputs	Outcomes	Proposed 2023 activity
	Request access to SLK for linking clients between services Request access to NSP when available 2 way data exchange with PHN Review opportunities for measure demand (unmet need, non-treatment seeking AOD users)			



Appendix

Priorities in local government health and wellbeing plans

Bayside Council

Plan: 2021 – 2025

AOD objectives or priorities

- Objective 2.3 Reduce consumption of alcohol and other drugs

AOD actions

Year 2

- 2.10 Plan and deliver smoke, drug and alcohol-free events for young people aged 10-25 across Bayside.
- 2.9 Mandate all sporting clubs operating on Council land to participate in the Good Sports Program and provide certificate as part of their yearly tenancy application.
- Conduct social impact assessments of planning permits with liquor licence element.

Support for people with AOD issues on website

No links to any external health services on website.

Frankston Council

Plan: [2021-2025](#)

AOD objectives or priorities

6.2 Build partnerships that change cultures and reduce harms from alcohol and other drugs and gambling

AOD actions

Year 1

Work in partnership with the RAD-FMP to improve support for young people experiencing alcohol or drug dependency.

6.2.2 Build partnerships to raise awareness of risks associated with alcohol and other drugs use, improve access to support services and explore initiatives that influence alcohol culture change. (partners PCP, PH)

Support for people with AOD issues on website

Nil

Glen Eira Council

Plan: [2021-2025](#)

AOD objectives or priorities

2. Reduce harm to our community from tobacco, vaping, alcohol and other drugs, and gambling

AOD actions

Year 1

4.4 education program in Council early learning centres about health, including AOD

4.10 Information and activities to older adults and CLAD groups to promote healthy aging, including AOD harms

Support for people with AOD issues on website

[Website](#)

- Drug stats

- Info resources
- Turning Point online
- Counselling
- Odyssey House

Nothing about Bayside AOD intake as key referral point

Kingston Council

Plan: [2021-25](#)

AOD objectives or priorities

1.4 Reduce harm from alcohol and other drugs, smoking and gambling

AOD actions

Support for people with AOD issues on website

Website

No info

Mornington Peninsula Shire

Plan: [2021-2025](#)

AOD objectives or priorities

3.1.6. Provide a harm minimisation approach to alcohol through our Alcohol Management Policy.
mornpen.vic.gov.au/policy listing

AOD actions

Support for people with AOD issues on website

Website

- alcohol management policy
- where to get help for youth and families ([links to MP directory](#))
- support services (includes link to DirectLine)

Follow up

Would like input on Alcohol policy that includes the harms of alcohol.

Currently recruiting for a Social Planning Officer who will coordinate the Shire's Alcohol Management, Problem Gambling and Housing / Homelessness portfolios.

Arrange for Social Planning Officer to attend harm reduction meeting after starting.

Port Phillip Council

Plan: [2021-2-31](#)

AOD objectives or priorities

Reducing harmful alcohol and drug use: Harms associated with drugs and alcohol are of concern in our municipality, so we will work with partners to address drivers of these harms including access to housing and social support and mental wellbeing.

AOD actions

Nil stated

Support for people with AOD issues on website

[AOD page](#)

Statistics, laws

No support info

Bayside Peninsula Area Catchment Plan. 2023.

Stonnington Council

Plan:

AOD objectives or priorities

Harm from alcohol, gambling, tobacco, and other drugs is reduced in our community

- Increasing understanding in our community about the harm caused by alcohol.
- Creating environments that support low-risk alcohol consumption.
- Facilitating improved access to harm reduction services and supports.
- Advocating for reduced access to alcohol, gambling, tobacco and other drugs.

AOD actions

Nil stated

Support for people with AOD issues on website

[AOD page](#)

Statistics and list of harms

No support